

LICENSING LAWS AND STANDARDS
for
HOSPITALS *and* RELATED
INSTITUTIONS
of
MINNESOTA



MINNESOTA DEPARTMENT OF HEALTH
University Campus
Minneapolis, Minnesota
A. J. CHESLEY, M.D.
Secretary and Executive Officer

Minnesota. laws, statutes, etc.
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LICENSING LAWS AND STANDARDS

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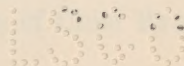
MINNESOTA



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ADOPTION OF STANDARDS

The State Board of Health has legal responsibility for licensing hospitals and related institutions in Minnesota, and is empowered to establish reasonable standards which it finds necessary and in the public interest. As a basis for the issuance of licenses standards have been prepared for the various classifications of institutions covered by the hospital licensing law. These standards were adopted by the State Board of Health on April 20, 1944, and are herewith made available.

The intent of these standards is to establish the basic principles of hospital construction and operation which, in the light of existing knowledge, will ensure safe and adequate care for patients in places other than their own homes, or homes of relatives.

For the hospital, the standards serve in many ways as an operating guide, and a copy should be kept on the premises of all licensed institutions. All employees shall be fully informed and instructed with reference to the standards insofar as may be necessary to ensure strict compliance with the provisions of the law and the requirements herein set forth.

A. J. CHESLEY, M.D.
Secretary and Executive Officer
State Board of Health

May 1, 1944

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FOREWORD

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The State Board of Health has placed the responsibility for the issuance of licenses in the Division of Child Hygiene, which carries out this function with the assistance of the other divisions of the Minnesota Department of Health. In preparing the standards for hospitals and related institutions, the Division of Child Hygiene was assisted by the Divisions of Preventable Diseases, Public Health Nursing, and Birth and Death Records and Vital Statistics, on requirements relating to the work of these divisions. The requirements relating to sanitation were prepared by Mr. Harold A. Whittaker, Director of the Division of Sanitation, and the standards as a whole were reviewed by Mr. O. C. Pierson, Director of the Division of Administration.

Preliminary drafts of the standards were reviewed by many interested individuals and organizations, local health officers, and appropriate State and Federal departments, and their suggestions were incorporated insofar as the scope of the standards permitted. The State Division of Social Welfare cooperated in preparing the standards for homes for unmarried mothers and the requirements pertaining to child welfare, as well as other social welfare aspects of the standards. The standards were also reviewed by the State Board of Nurse Examiners, and by Mr. F. Manley Brist, attorney for the State Board of Medical Examiners. The fire protection standards, which have been established by the State Fire Marshal for hospitals and related institutions, are included through the courtesy of Mr. Leonard C. Lund, Deputy Commissioner, State Fire Marshal Division.

The hospital licensing law provides for an advisory board of seven members composed of four representatives of the Minnesota Hospital Association, two representatives of the Minnesota State Medical Association, and the Director of Public Institutions "to make recommendations to the state department of health and to assist in the establishment of standards." In accordance with this provision, the standards have been submitted to this board and its suggestions obtained.

The work of assembling and incorporating the suggestions was done by Miss Ethel McClure, R.N., Supervisor of Hospital Licensing in the Division of Child Hygiene.

VIKTOR O. WILSON, M.D.
Director
Division of Child Hygiene

May 1, 1944

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LICENSING LAWS

GENERAL LAW FOR LICENSING HOSPITALS AND RELATED INSTITUTIONS

Chapter 549, Minnesota Session Laws of 1941, as amended by Chapter 649, Minnesota Session Laws of 1943

Section 1. Hospitals Must Obtain Licenses.—No person, partnership, association or corporation, nor any state, county or local governmental units, nor any division, department, board or agency thereof, shall establish, conduct, or maintain in the state of Minnesota any hospital, sanatorium, rest home, nursing home, boarding home or other institution for the hospitalization and/or care of human beings without first obtaining a license therefor in the manner hereinafter provided.

Hospital, sanatorium, rest home, nursing home, boarding home, and other related institution, within the meaning of this act, shall mean any institution, place, building or agency in which any accommodation is maintained, furnished or offered for the hospitalization of the sick or injured or care of any aged or infirm persons requiring or receiving chronic or convalescent care. Provided, however, nothing in this act shall apply to hotels or other similar places that furnish only board and room, or either, to their guests.

Nothing in this act shall authorize any person, partnership, association or corporation, nor any state, county or local governmental units, nor any division, department, board or agency thereof, to engage, in any manner, in the practice of healing, or the practice of medicine, as defined by law.

Section 2. Existing Hospitals to Obtain Licenses.—No person, partnership, association or corporation, nor any state, county or local governmental units, nor any division, department, board or agency thereof, may continue to operate an existing hospital, sanatorium, rest home, nursing home, or boarding home, nor open a hospital, sanatorium, rest home, nursing home, or boarding home after October 1, 1943, unless such operation shall have been approved and regularly licensed by the state of Minnesota as hereinafter provided.

Before a license shall be issued under this act, the person applying shall submit evidence satisfactory to the state department of health that he is not less than 21 years of age and of reputable and responsible character; in the event the applicant is an association or corporation or other governmental unit like evidence shall be submitted as to the members thereof and the persons in charge. All applicants shall, in addition, submit satisfactory evidence of their ability to comply with the minimum standards of this act and all regulations adopted thereunder.

Section 3. Application for Licenses.—Any person, partnership, association or corporation, including state, county or local governmental units, or any division, department, board or agency thereof, desiring a license hereunder shall file with the state department of health a verified application containing the name of the applicant desiring said license; whether such persons so applying are 21 years of age; the type of institution to be operated; the location thereof; the name of the person in charge thereof. Application on behalf of a corporation or association or other governmental unit shall be made by any two officers thereof or by its managing agents.

Section 4. Fees.—Each application for a license to operate a hospital, sanatorium, rest home, nursing home, or boarding home or related institution within the meaning of this act shall be accompanied by a fee to be determined by the number of beds available for patients thereof; those with less than 50 such beds shall pay a fee of \$10.00; those with 50 beds or more and less than 100 beds shall pay a fee of \$15.00; those with 100 beds or more and less than 200 beds shall pay a fee of \$20.00; those with 200 beds or more shall pay a fee of \$25.00. No such fee shall be refunded. All licenses issued hereunder shall be renewed annually upon payment of a like fee. All fees received by the state department of health under the provisions of this act shall be paid into the state treasury to the credit of the state department of health for the purpose of carrying out the general provisions of this act.

No license granted hereunder shall be assignable or transferable.

Section 5. Inspections.—Every building, institution or establishment for which a license has been issued shall be periodically inspected by a duly appointed representative of the state department of health under the rules and regulations to be established by said state department of health. No institution of any kind licensed pursuant to the provisions of this act shall be required to be licensed or inspected under the laws of this state relating to hotels, restaurants, lodging houses, boarding houses and places of refreshment.

Section 6. State Department of Health to Issue Licenses.—The state department of health is hereby authorized to issue licenses to operate hospitals, sanatoriums, rest homes, nursing homes, or other related institutions as herein defined, which, after inspection are found to comply with the provisions of this act and any reasonable regulations adopted by said state department of health. All decisions of the state department of health hereunder may be reviewed in the district court in the county in which such institution is located or contemplated.

AMENDMENT TO HOSPITAL LICENSING LAW ENACTED BY 1945
MINNESOTA LEGISLATURE.

Hospital License Application Fees Changed

Section 4 of Chapter 549, Minnesota Laws of 1941, which appears on Page 6 of the "Licensing Laws and Standards" has been amended by Chapter 192, Minnesota Laws of 1945, to read as follows:

CHAPTER 192--H.F. No. 899

An act relating to licensing fees of hospitals, sanatoriums, rest homes, nursing homes, boarding homes and related institutions, and amending Minnesota Statutes 1941 Section 144.53.

Be it enacted by the Legislature of the State of Minnesota:

144.53. Fees. Each application for a license to operate a hospital, sanatorium, rest home, nursing home, or boarding home, or related institution, within the meaning of sections 144.50 to 144.58, shall be accompanied by a fee to be determined by the number of beds available for patients thereof; those with less than 10 such beds shall pay a fee of \$15.00; those with 10 beds or more and less than 50 beds shall pay a fee of \$20.00; those with 50 beds or more and less than 100 beds shall pay a fee of \$30.00; those with 100 beds or more shall pay a fee of \$50.00. No such fee shall be refunded. All licenses issued hereunder shall be renewed annually upon payment of a like fee. All such fees received by the state department of health shall be paid into the state treasury to the credit of the state department of health for the purpose of carrying out the general provisions of sections 144.50 to 144.58.

No license granted hereunder shall be assignable or transferable.

Approved March 29, 1945.

The state department of health is hereby authorized to suspend or revoke a license issued hereunder, on any of the following grounds:

1. Violation of any of the provisions of this act or the rules and regulations issued pursuant thereto.
2. Permitting, aiding, or abetting the commission of any illegal act in such institution.
3. Conduct of practices detrimental to the welfare of the patient.

Provided that before any such license issued hereunder is suspended or revoked, 30 days written notice shall be given the holder thereof of the date set for hearing of the complaint. The holder of such license shall be furnished with a copy of said complaint and be entitled to be represented by legal counsel at such hearing. Such notice may be given by the state department of health by registered mail.

If a license is revoked as herein provided, a new application for license may be considered by the state department of health if, when, and after the conditions upon which revocation was based have been corrected and evidence of this fact has been satisfactorily furnished. A new license may then be granted after proper inspection has been made and all provisions of this act and rules and regulations hereunder as heretofore or hereinafter provided have been complied with and recommendation has been made therefor by the hospital inspector as an agent of the state department of health.

Section 7. Standards Established.—The state department of health shall have the power to establish reasonable standards under this act which it finds to be necessary and in the public interests and may rescind or modify such regulations from time to time as may be in the public interest, insofar as such action is not in conflict with any of the provisions of this act.

An advisory board of seven members shall be appointed in the following manner to make recommendations to the state department of health and to assist in the establishment of such standards and any amendments thereto. This board shall consist of four members to be appointed annually from the membership of the Minnesota hospital association by the board of trustees thereof, one of said four members shall be the superintendent of a hospital operated by a county or other local governmental unit, and two members shall be doctors of medicine to be appointed annually from the Minnesota state medical association by the council of the Minnesota state medical association. The director of public institutions of the state of Minnesota, or a person from said division designated by him, shall be the seventh member of said advisory board. Provided, however, that no regulation nor

requirement shall be made, nor standard established, under this act for any sanatorium, nursing home, nor rest home conducted in accordance with the practice and principles of the body known as the Church of Christ, Scientist, except as to the sanitary and safe condition of the premises, cleanliness of operation, and its physical equipment.

Section 8. What Shall Come Within Act.—All hospitals, sanatoriums, rest homes, nursing homes, and related institutions within the meaning of this act, including such hospitals as are strictly maternity hospitals only, shall come within this act and this act shall be in extension of the maternity hospital licensing law and shall not in any way be construed to restrict or modify such act, except that such maternity hospital licenses shall hereafter be issued by the state department of health. All personnel now a part of the division of social welfare who are charged with the enforcement of the maternity hospital licensing law shall be transferred to the state department of health. Such transferred employees shall retain their present civil service status.

Section 9. Information Not to Be Disclosed.—Information received by the state department of health through inspections and authorized under this act shall be confidential and shall not be disclosed except in a proceeding involving the question of licensure.

Section 10. Violations — Penalties. — Any person, partnership, association, or corporation, including state, county or local governmental units, or any division, department, board or agency thereof, establishing, conducting, managing, or operating any hospital, sanatorium, rest home, nursing home, or institution within the meaning of this act, without first obtaining a license therefor as herein provided, or who shall violate any of the provisions of this act or regulations thereunder, shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine of not to exceed \$100.00 or a sentence of not to exceed 90 days in the county jail.

MATERNITY HOSPITAL LAW

Chapter 258, Minnesota Statutes of 1941

(Sections 4550-4559, Mason's Minnesota Statutes)

Introductory:

Since 1918 maternity hospitals in Minnesota have been licensed under the provisions of the maternity hospital law. This law, which defines and regulates the conduct of maternity hospitals, was administered from 1918 to 1939 by the State Board of Control. In the reorganization of State government in 1939, the State Board of Control was abolished and the enforcement of the maternity hospital law was made the duty of the Director of the Division of Social Welfare of the Department of Social Security. On January 1, 1942, the responsibility for issuance of licenses to maternity hospitals was transferred to the Minnesota Department of Health under the provisions of the hospital licensing law enacted by the 1941 legislature.

Therefore, in reading the following statutes it is necessary to bear in mind that the enforcement of the provisions relating to licensing of maternity hospitals is now the responsibility of the Minnesota Department of Health. In issuing licenses to maternity hospitals, the Minnesota Department of Health secures from the Director of Social Welfare his approval of the institution with respect to compliance with the child welfare provisions of the law.

Section 258.01. Person.—The word "person" where used in this chapter includes individuals, partnerships, voluntary associations, and corporations. This chapter shall not be construed to relate to any institution under the management of the director of public institutions or his agents.

Section 258.02. Maternity Hospital.—Any person who receives for care and treatment during pregnancy or during delivery or within ten days after delivery, more than one woman within a period of six months, except women related to him or her by blood or marriage, shall be deemed to maintain a maternity hospital.

Section 258.03 (Excerpts). Licensed by Director of Social Welfare.—The director of social welfare is hereby empowered to grant a license for one year for the conduct of any maternity hospital that is for the public good and that is conducted by a reputable and responsible person.

No maternity hospital shall receive a woman for care therein without first obtaining a license to conduct such hospital from the director.

No such license shall be issued unless the premises are in fit sanitary condition.

The license shall state the name of the licensee, designate the premises in which the business may be carried on, and the number of women that may be properly treated or cared for therein at any one time.

No greater number of women shall be kept at any one time on the premises for which the license is issued than is authorized by the license, and no woman shall be kept in a building or place not designated in the license.

Such license shall be kept posted in a conspicuous place on the licensed premises.

The license shall be valid for one year from the date of issuance thereof.

Revocation of License.—The director may, after due notice and hearing, revoke the license in case the person to whom the same is issued violates any of the provisions of this chapter; or when in his opinion such maternity hospital is maintained without due regard to sanitation and hygiene, or to the health, comfort, or well-being of the inmates or infants born to such inmates, or in case of the violation of any law of the state in a manner disclosing moral turpitude or unfitness to maintain such hospital, or that any such hospital is conducted by a person of ill repute or bad moral character.

Written charges against the licensee shall be served upon him at least three days before hearing shall be had thereon and a written copy of the findings and decision of the director upon hearing shall be served upon the licensee in the manner prescribed for the service of a summons in civil actions.

Any licensee feeling himself aggrieved by any decision of the director may appeal to the district court by filing with the clerk thereof in the county where his hospital is situated within ten days after written notice of such decision a written notice of appeal specifying the grounds upon which the appeal is made.

The appeal may be brought on for hearing in a summary manner by an order to show cause why the decision of the director should not be confirmed, amended, or set aside. The written notices and decisions shall be treated as the pleadings in the case and may be amended in the discretion of the court. The issues shall be tried anew by the court and findings made upon the issues tried.

Either party may appeal to the supreme court from the determination of the district court within five days after notice of filing the decision in the manner provided for appeals in civil action.

No revocation of license shall become effective until any appeal made shall have been determined. In case of the revocation of a

license, the director of social welfare shall make a notation thereof upon his records and give written notice of such revocation to the licensee by delivery of a copy of the order of revocation to the licensee or leaving a copy thereof with a person of suitable age and discretion living upon the premises. In case of revocation the director of social welfare shall notify the state board of health and the local board of health of the city, village, or town in which the hospital is situated.

Provision for Standards of Conduct.—It shall be the duty of the director to prescribe such general regulations and rules for the conduct of all such hospitals as shall be necessary to effect the purposes of all laws of the state relating to children so far as the same are applicable, and to safeguard the well-being of all infants born therein, and the health, morality, and best interests of the parties who are inmates thereof.

Section 258.04. Placement of Children.—No person, as an inducement to a woman to go to any maternity hospital during confinement, shall in any way offer to dispose of any child or advertise that he will give children for adoption or hold himself out as being able to dispose of children in any manner.

Section 258.05 (Excerpts). To Prescribe Forms.—The director of social welfare may prescribe forms for the registration and record of persons cared for in any such hospital. . . . The licensee of a maternity hospital shall keep a record in the form to be prescribed by the director of social welfare wherein shall be entered the true name of every patient, together with all her places of residence during the year preceding admission to the hospital, the name and address of the physician or midwife who attended at each birth taking place at such hospital, or who attended any sick infant therein, and the name and address of the mother of such child; the name and age of each child who is given out, adopted, or taken away to or by any person, together with the name and residence of the person so adopting or taking away such child, and such other information as will be within the knowledge of the licensee and as the director of social welfare shall prescribe.

Section 258.06, as amended by Section 1, Chapter 16, Minnesota Laws of 1943. Physician or Midwife to Make Report (Excerpt).—Every birth occurring in a maternity hospital shall be attended by a legally qualified physician or midwife. The licensee owning or conducting such hospital shall within 24 hours after the birth therein of a child known to be of illegitimate birth, make a written report thereof to the director of social welfare, giving the name of the mother, the sex of the child and such additional information as shall be within the knowledge of the licensee and as may be required by the director. . . .

Section 258.07. Inspection of Hospitals (Excerpts).—The authorized agents of the director of social welfare and the officers and authorized agents of the state board of health . . . may inspect such hospital at any time and examine every part thereof. The agents of the director of social welfare may call for and examine the records which are required to be kept by the provisions of this chapter and inquire into all matters concerning such hospital and patients and infants therein. . . . The licensee shall give all reasonable information to such inspectors and afford them every reasonable facility for viewing the premises and seeing the patients therein.

Section 258.08. Information as to Legitimacy of Child.—When a woman who, within ten days after delivery of a child, or a woman, who is pregnant, is received for care in a maternity hospital, the licensee of such maternity hospital or the officer in charge of such other hospital, shall use due diligence to ascertain whether such child is legitimate; and, if there is reason to believe that such child is illegitimate or will be when born illegitimate, such licensee shall report to the director of social welfare forthwith the presence of such woman, together with such other information as shall be within the knowledge of the licensee and as the director may require.

Section 258.09. Disclosure of Contents.—No authorized agent of the director of social welfare, nor officer or authorized agent of the state board of health or the local boards of health of the city, village, or town where such licensed hospital is located, or the licensee of such a hospital, or any of its agents, or any other person, shall directly or indirectly disclose the contents of the records herein provided for, or the particulars entered therein, or facts learned about such hospital, or the inmates thereof, except upon inquiry before a court of law, at a coroner's inquest, or before some other tribunal, or for the information of the director of social welfare, state board of health, or the local board of health of the village, city or town in which the hospital is located. Nothing herein shall prohibit the director, with the consent of any patient in such hospital, disclosing such facts to such proper persons as may be in the interest of such patient or the infant born to her.

Section 258.10. Burden of Proof.—In a prosecution under the provisions of this chapter or any penal law relating thereto, a defendant who relies for defense upon the relationship of any woman or infant to himself shall have the burden of proof.

Section 258.11. Violations; Penalties.—Every person who violates any of the provisions of this chapter shall, upon conviction of the first offense, be guilty of a misdemeanor. The second or subsequent offense shall be a gross misdemeanor.

DEFINITIONS, INTERPRETATIONS, AND CLASSIFICATION

(A) Licensee

The licensee is the officer or member of staff or governing body on whom rests the responsibility for maintaining approved standards for the institution.

(B) License Not Required For

The following are not deemed to come within the meaning of the hospital licensing law and shall not be required to obtain a license thereunder:

1. Any institution which is regularly licensed by the Director of Social Welfare (i.e., child-caring institutions; day nurseries and child care centers; foster boarding homes; homes for handicapped children, etc.). However, such institutions as have a dual function of which one is clearly subject to licensure under the provisions of the hospital licensing law are required to be licensed by both agencies, as for example: Homes for Unmarried Mothers and Infant Homes; Homes for the Aged and Child-Caring Institutions.
2. Homes in which the persons receiving care are related to the householder by blood or marriage.
3. Homes in which only one person receives care at any one time. (Except maternity homes which receive more than one patient in six months. These homes are deemed to be maternity hospitals under the Maternity Hospital Law and are required to be licensed.)
4. Homes or institutions for aged and infirm persons which do not provide "chronic or convalescent care" as hereinafter defined.
5. First aid stations and emergency care facilities which do not provide accommodations for "hospitalization" as hereinafter defined.

(C) Definitions

"Chronic or convalescent care," within the meaning of the hospital licensing law, is defined as care given to a person because of prolonged mental or physical illness or defect, or during recovery from injury or disease, and shall include any or all of the procedures commonly employed in waiting on the sick, such as administration of medicines, preparation of special diets, giving of bedside care, application of dressings and bandages, and carrying out of treatments prescribed by a duly licensed practitioner of the healing arts.

“Hospitalization,” within the meaning of the hospital licensing law, is defined as the reception and care of any person for a continuous period longer than 24 hours, for the purpose of giving advice, diagnosis, or treatment bearing on the physical or mental health of such persons.

(D) Separate Licenses Required

Separate licenses are required for institutions maintained in separate premises, even though they are operated under the same management. Provided, however, that separate licenses are not required for separate buildings on the same grounds.

(E) Classification of Institutions

For the purpose of administering the hospital licensing law, all institutions subject to licensure shall be classified in the following manner:

1. General Hospital
2. Specialized Hospital (i.e., orthopedic, contagious, etc.)
3. Home for Unmarried Mothers
4. Home for Aged Providing Chronic or Convalescent Care (i.e., charitable or philanthropic institution receiving aged persons for relatively permanent care)
5. Maternity Home (1-3 maternity beds, inclusive)
6. Home for Chronic or Convalescent Patients (i.e., rest home, nursing home, etc.)

Separate standards have been developed for institutions in the foregoing classifications which take into consideration the type of care provided, legal requirements, and physical characteristics of the institutions comprising each group.

(F) Posting of License

The license shall be conspicuously posted on the premises.

STANDARDS

STANDARDS FOR GENERAL AND SPECIALIZED HOSPITALS

Introductory:

General hospitals are institutions staffed and equipped to provide various types of care, as medical, surgical, and maternity. The majority provide maternity care and are licensed under the provisions of the maternity hospital law as well as the provisions of the general law for licensing hospitals.

Specialized hospitals include institutions essentially of hospital character which provide care for a specialized group of patients, such as orthopedic, pediatric, psychiatric, and tuberculosis. Not included in this classification are rest or nursing homes for chronic or convalescent patients where the acceptance of nervous and mental patients is incidental.

The STANDARDS FOR GENERAL AND SPECIALIZED HOSPITALS are in two parts: Part I covers the physical plant and the accommodations, facilities, and practices which are common to the care of all types of patients; Part II includes special requirements for the maternity service of a hospital.

Part I. General Requirements For All Services

I. SUBMISSION OF PLANS

Before construction is begun, plans and specifications covering the construction of new buildings, additions to existing buildings, or material alterations to existing buildings shall be submitted to and approved by the Minnesota Department of Health with respect to compliance with these standards. These plans shall show the general arrangement of the building, including the intended purpose and fixed equipment of each room, together with such additional information as the Minnesota Department of Health may require.

Also, no system of water supply, plumbing, sewerage, garbage or refuse disposal for these institutions shall be installed nor shall any such existing system be materially altered or extended until complete plans and specifications for the installation, alteration, or extension, together with such information as the Minnesota Department of Health may require, have been submitted in duplicate and approved so far as relates to their sanitary features.

All construction shall take place in accordance with the approved completed plans.

In order to avoid unnecessary expense in changing final plans it is suggested that as a preliminary step proposed plans in sketch form be reviewed with the Minnesota Department of Health.

II. LOCATION AND COMMUNICATION

A. Environment

Quietness and sanitary features of the immediate environment will be taken into consideration in examining applications for license.

B. Zoning Restrictions

In locating an institution, the local zoning ordinances should be taken into consideration by the applicant. Information as to zoning restrictions may be obtained from local civil authorities.

C. Transportation

Institutions located in rural areas must be served by a good road, kept passable at all times of the year.

D. Communication

There must be a telephone in the building, and additional telephones or extensions as required to summon help promptly in case of fire or other emergency.

A. Construction

III. PHYSICAL PLANT

1. Walls and floors should be of a character to permit frequent washing, cleaning or painting. Wood trim, molding and baseboards are to be avoided.

2. The construction of the building should be such as to prevent the entrance and harborage of rats and other rodents.

3. The building should be kept in good repair.

B. Heating

Heating plant shall be adequate to maintain a temperature of 70 degrees Fahrenheit in severe weather, in all rooms used for patients.

C. Sanitation

1. **Water Supply.**—The water supply shall be of safe, sanitary quality, suitable for use, and shall be obtained from a water supply system, the location, construction, and operation of which comply with the standards approved by the State Board of Health. The water shall be distributed to conveniently located taps in the building. Hot water shall be available at all times.

2. **Sewage Disposal.**—Sewage shall be discharged into a municipal sewerage system where such a system is available; otherwise, the sewage shall be collected, treated, and disposed of in an independent sewerage system which complies with the standards approved by the State Board of Health.

3. **Plumbing.**—Toilet facilities shall be provided in reasonable ratio to the number and kind of patients cared for in the institution.

The plumbing and drainage, or other arrangements for the disposal of excreta and infectious discharges and institutional wastes, shall be in accordance with the plumbing standards approved by the State Board of Health.

4. **Garbage Disposal.**—All garbage shall be stored and disposed of in a manner that will not permit the transmission of a contagious disease, create a nuisance, or provide a breeding place for flies. All containers for garbage shall be watertight, have tight fitting covers, and be rodent proof.

5. **Screens.**—When flies, mosquitoes, and other insects are prevalent, all outside doors, windows, and other outside openings shall be screened with wire screen or its equal with not less than sixteen meshes per lineal inch. All screen doors shall open outward and be equipped with self-closing devices.

D. Lighting

1. **Adequacy.**—Each patient's room shall be an outside room with a satisfactory amount of natural light. The window area shall be not less than one-eighth of the floor area.

Every room, including storerooms and attic, must have sufficient artificial lighting facilities so that all parts shall be clearly visible under such artificial lighting.

It is especially important that hallways, stairways, inclines, ramps, and entrances be well lighted in order to prevent accidents.

Lighting fixtures should be selected and located with a view to the comfort and safety of patients and personnel. All service rooms and working centers such as medicine cabinets or nurses' charting desks shall be adequately lighted.

2. **Emergency Lighting.**—Emergency lighting facilities must be provided and distributed so as to be readily available to personnel on duty. Flashlights or battery operated lamps shall be in readiness at all times for use in delivery room and operating room. At no time may open flame type of light be used in these rooms.

E. Ventilation

Building shall at all times be adequately ventilated. Kitchen, bathroom, and service rooms shall be so located and ventilated by window or mechanical means as to prevent offensive odors from entering patients' rooms and the public halls.

F. Elevators and Stairways

1. **Elevators.**—Elevators and machinery shall be so constructed and maintained as to comply with the regulations of the Division of Accident Prevention, Minnesota Department of Labor and Industry.

2. **Stairways.**—All stairways shall be provided with handrails. All open stairwells shall be protected with guardrails.

G. Laundry

The institution shall make provision for the proper cleansing of linen and other washable goods. Where linen is sent to an outside laundry, it is advisable for the superintendent, or a responsible member of the staff, to visit such laundry and note the facilities and methods of handling hospital linen.

Safety guards for laundry machinery must be provided in accordance with the requirements of the Division of Accident Prevention, Minnesota Department of Labor and Industry.

H. Incineration

Incineration facilities should be provided for the disposal of infected dressings, surgical and obstetric wastes, and other similar materials.

IV. FOOD SANITATION

A. Facilities For Preparation and Serving of Food

There must be facilities for the proper preparation and serving of food.

B. Food Storage

1. **Storerooms.**—Storerooms shall be clean and well ventilated. All food shall be so stored as to be protected from dust, flies, rodents, vermin, unnecessary handling, droplet infection, overhead leakage, or other source of contamination.

2. **Refrigeration.**—Kitchen facilities shall include refrigeration, and perishable food must be kept at a temperature below 50° Fahrenheit in order to prevent deterioration. It is suggested that there be a reliable thermometer in the refrigerator and in storerooms used for perishable food.

C. Cleansing and Disinfection of Dishes

All multi-use utensils used for eating, drinking, and in the preparation or serving of food and drink shall be effectively cleaned and disinfected after each usage. Gross food particles should be removed by careful scraping and pre-rinsing in running hot water. Brushes, baskets, and sprays are suggested. The dishes should be thoroughly washed in hot water, 110° to 120° Fahrenheit, using an adequate amount of effective soap or detergent. Following this, the utensils should be rinsed in hot water to remove soap, and disinfected by one of the following methods:

1. Immersion for at least 2 minutes in clean water at 170° Fahrenheit.
2. Immersion for at least one-half minute in boiling water.
3. Immersion for at least 2 minutes in a luke warm chlorine bath containing at least 50 parts per million of available

chlorine. Note: Chlorine is not recommended for silverware. It is preferable to use either (1) or (2) above.

Steam or hot water cabinets can be made effective.

Results obtained with dishwashing machines should be equal to those obtained by the methods outlined above.

After disinfection, the utensils should be allowed to drain and dry in racks or baskets on non-absorbent surfaces. Drying cloths are not recommended. Dishes should be stored in closed cupboards for protection against dust, moisture, etc.

D. Construction of Glass-Filling Devices

Every water glass-filling device shall be constructed so as to prevent any contact of the upper one-third of the glass with the device, and in addition, so that no portion of the device extends into the glass.

E. Ice

All ice used in contact with food or drink shall be from a satisfactory source, and handled and dispensed in a sanitary manner.

F. Milk Supply

There shall be a safe milk supply. Pasteurized milk shall be provided if available. Where pasteurized milk is not available, condensed, evaporated, or dried milk may be used. Arrangements for pasteurizing milk produced on an institution's own farm may be made with a local pasteurizing plant.

G. Hand-washing Facilities for Food Handlers

There shall be hand-washing facilities, with soap, running water, and an adequate supply of towels, in all kitchens, including diet kitchens, and in washrooms used by food handlers. Use of a common towel is prohibited.

H. Kitchen and Storeroom Plumbing

The plumbing in these rooms shall be in accordance with the plumbing standards approved by the State Board of Health.

V. ACCOMMODATIONS FOR PATIENTS

A. Rooms

1. **Location.**—Each patient's room shall be an outside room with a satisfactory amount of natural light.

Rooms extending below ground level shall not be used for patients unless they are dry, well ventilated, and otherwise suitable for occupancy.

2. **Floor Area.**—Rooms shall be of sufficient size to allow not less than 60 square feet of floor space per bed with at least 3 feet between beds.

3. **Window Area.**—Window area shall not be less than one-eighth of the floor area.

4. **Doors.**—Doors to patients' rooms should be sufficiently wide to permit easy removal of the occupied bed.

B. Furnishings

1. **Bed.**—A good bed must be provided for each patient. After discharge of any patient the bed and bed furnishings, bedside furniture, and equipment shall be thoroughly cleansed.

2. **Bedding.**—A sufficient supply of clean bedding and bed linen shall be kept on hand for use at all times.

3. **Storage Space.**—There shall be satisfactory storage space for clothing, toilet articles, and other personal belongings of patients.

4. **Signals.**—Means for signaling attendants must be provided at the bedside of patients confined to bed.

VI. FACILITIES AND EQUIPMENT FOR CARE

A. Space Requirement

There shall be adequate space and facilities for the proper cleansing and storage of nursing supplies and equipment. Suitable provision must be made for the preparation of medications and treatments.

Utility rooms should be outside rooms with adequate lighting and ventilation. They must be conveniently located for efficient conduct of work.

B. Equipment for Bedside Care

There shall be sufficient equipment for nursing care according to the type of patients accepted by the institution. The following is not a complete list of nursing equipment necessary or desirable for the care of patients; the aim, rather, has been to include certain minimum essentials and point out special precautions which must be taken in their use.

1. **Linen.**—Individual towels, wash cloths, and bath blankets must be provided for each patient.

Bedpan covers must not be used interchangeably.

2. **Enamelware.**—There shall be a sufficient number of wash basins, mouth-wash cups, and bedpans, plainly marked, for the

use of each individual patient, provided that where enamelware is disinfected or sterilized after each use, it need not be kept individual.

3. **Thermometers.**—There shall be a sufficient number of thermometers to permit adequate disinfection before using.

4. **Hot Water Bags.**—Hot water bags must be covered before placing in beds. The greatest care must be exercised in their use to see that water is not too hot and bags are not leaking. If electric heating pads are used, they should be checked periodically by a qualified electrician.

5. **Restraints.**—Restraints may be applied only when they are necessary to prevent injury to the patient or to others, and should be used only when alternative measures are not sufficient to accomplish these purposes. In applying restraints, careful consideration should be given to the methods by which they can be speedily removed in case of fire or other emergency.

C. Storage of Medicines

1. All medicines, poisons, and stimulants shall be plainly labeled and stored in a specially designated medicine cabinet, closet, or storeroom, and made accessible only to nursing personnel. The cabinet for drugs must be well illuminated.

2. Narcotics must be securely locked and accessible only to the person in charge.

3. Old medications should be discarded, including special prescriptions for patients who have left the institution.

D. Sterilization of Supplies

1. **Sterilizing Equipment.**—There shall be provision for the proper sterilization of dressings, utensils, instruments, and water.

2. **Check of Sterilizer Performance.**—It is recommended that a hospital adopt a recognized method of checking sterilizer performance, such as the use of a fusing control in the largest package of each load, or the bacteriological examination, at frequent intervals, of sterilized dressings.

3. **Storage of Supplies.**—A cabinet, cupboard, or other suitable enclosed space must be provided for keeping sterile equipment and supplies in a clean, convenient, and orderly manner. Special precautions must be taken so that sterile supplies may not be mixed with unsterile supplies.

E. Hand-Washing Facilities

1. **Adequacy.**—There shall be adequate hand-washing facilities throughout the institution. Especially must they be provided for operating, delivery, and labor rooms; in examining and treat-

ment rooms; in main and diet kitchens; in utility and other service rooms; in toilet rooms; in rooms used for isolation of patients; and in nursery. Lavatories in other patients' rooms are desirable.

2. Special Features in Connection With Scrub-up Sinks.—To be well adapted for hand-scrubbing for personnel, hand-scrubbing sinks should be designed to make it possible to wash hands easily, comfortably, and without breaking technique.

- a. The lavatory or sink should be at a proper height from the floor.
- b. Faucets should be high enough above the basin to permit easy hand-washing under running water without touching the sides of the basin.
- c. Running water for scrub-up sinks should be controlled with a foot, elbow, or knee device.
- d. Where water in the hot water system is unduly hot, a mixing faucet is desirable.
- e. A sufficient supply of linen or paper towels shall be constantly available so that a fresh towel can be used for every hand-washing. Use of a common towel is prohibited.

VII. PERSONNEL

A. Medical Attendance

1. All persons admitted to any institution covered by these standards must be under the care of a person duly licensed to practice the healing arts in Minnesota and a diagnosis entered in the admission records.

2. No medication or treatment shall be given in institutions covered by these standards except on the order of one lawfully authorized to give such order.

B. Nursing Service

1. **Nurse in Charge.**—It is recommended that there be a registered graduate nurse in charge of the nursing service of the institution.

2. **Nursing Personnel.**—Sufficient personnel should be employed to give adequate care to patients. In employing nursing personnel, careful inquiry should be made as to training, previous experience, and other qualifications for the position, and this information made a matter of record. A sample "Application for Nursing Employment" form may be obtained on request from the Division of Child Hygiene, Minnesota Department of Health, University Campus, Minneapolis.

VIII. REPORTS AND RECORDS

A. Reports to State Agencies

1. **Monthly Reports.**—In accordance with the provisions of section 144.23, Minnesota Statutes of 1941, a complete list of all births and deaths occurring within a given month in institutions licensed under the hospital licensing law must be reported on special blanks provided for the purpose to the Division of Birth and Death Records and Vital Statistics, Minnesota Department of Health, State Office Building, St. Paul, within the first 10 days of the following month. (Note: Provided that in Minneapolis and St. Paul such reports must be sent to the respective local health department instead of to the State Department of Health.)

2. **Communicable Disease Reports.**—The superintendent or person in charge of the institution must report each case of communicable disease, except venereal disease, to the local health officer within twenty-four hours after the disease is discovered. (See Regulation 301, State Health Laws and Regulations.) Reporting postcards furnished by the Division of Preventable Diseases, Minnesota Department of Health, may be used and shall be signed by the physician who diagnoses the case. Reports of syphilis or gonorrhea, on special forms provided for that purpose, shall be sent direct to the Division of Preventable Diseases, Minnesota Department of Health, University Campus, Minneapolis.

3. **Illegitimate Birth Reports.**—Every illegitimate birth must be reported to the Director of Social Welfare, St. Paul, within twenty-four hours following the birth of the baby. (Section 258.06, Minnesota Statutes of 1941, as amended by Section 1, Chapter 16, Minnesota Session Laws of 1943.) Blanks for this purpose are furnished by the Director of Social Welfare. (Note: This report must not be confused with the CERTIFICATE OF BIRTH for the child born out of wedlock, which the law requires the attending physician to make, personally sign, and file with the Division of Birth and Death Records and Vital Statistics, Minnesota Department of Health, State Office Building, St. Paul, Minnesota.

B. Hospital Records

1. **Admission Records.**—Admission records must be kept as prescribed by the Minnesota Department of Health in accordance with the provisions of Section 144.23, Minnesota Statutes of 1941. The law prohibits the destruction of such records.

2. **Death Records.**—In accordance with the provisions of Section 144.23, Minnesota Statutes of 1941, a register of deaths must be kept as prescribed by the Minnesota Department of Health.

3. Narcotic Records

- a. **If Administered From Stock.**—If narcotics are administered from a stock secured by the hospital under a Federal permit, each dose shall be recorded in a Narcotic Record in the form prescribed by the State Board of Health, wherein shall be recorded the date, hour, name of patient, name and registration number of physician, kind of narcotic, dose, and by whom administered.
- b. **If Administered on Prescription Only.**—If the institution does not keep a stock supply of narcotics, and administration is by prescription only, it will be sufficient to record each dose on the clinical record of the patient.

4. Clinical Records

- a. Accurate and complete clinical records shall be kept for all patients, including a record of nursing care given.
- b. Records of newborn infants should contain a signed report by the physician on the physical condition of infant immediately before infant is discharged.

5. **Physicians' Orders.**—All orders of physicians should be written in ink or indelible pencil, and signed by the physician in charge. Such orders shall be preserved on the patient's chart or in the established record of such orders.

6. **Register of Maternity Patients.**—Every maternity hospital shall keep a maternity register in the form prescribed by the Minnesota Department of Health and the Director of Social Welfare (Sections 258.05 and 144.23, Minnesota Statutes of 1941.) The maternity register is a confidential record and its contents must be safeguarded. (Note: When a hospital closes, a statement should be sent to the Division of Child Hygiene, Minnesota Department of Health, University Campus, Minneapolis, giving information as to the storage that will be provided. If a hospital is not able to provide safe storage, the Minnesota Department of Health will assume responsibility for the storage of maternity registers of a closed hospital.)

IX. NARCOTIC PERMIT

A permit from the Federal Bureau of Narcotics is necessary for the purchase of narcotics for stock use. Any institution which is using narcotics in considerable amounts will find it more convenient to have a permit to procure narcotics than to furnish them to patients on special prescription.

An application by a hospital to the Federal Bureau of Narcotics for a Federal permit to purchase narcotics will not be granted unless it is approved by the Minnesota Department of Health. Such approval is subject to the following conditions:

1. That there be a person legally authorized to practice medicine or a licensed pharmacist in charge of the hospital stock of narcotics and the recording of its use.
2. That the stock of narcotics be kept securely locked.
3. That a record book of narcotics administered be kept in the form prescribed by the State Board of Health in which shall be recorded the date, hour, name of patient, name and registration number of physician, kind of narcotic, dose, and by whom administered. (See VIII, B, 3, a.)

X. PROVISION FOR CONTAGIOUS DISEASE PATIENTS

Many hospitals do not have specialized contagious disease departments but do find it necessary, from time to time, to care for patients with contagious disease. Occasionally, patients admitted for treatment of some other condition will later be found to have a contagious disease. There may also be contagious disease patients in the community for whom hospitalization is necessary for proper care and treatment.

Therefore, all hospitals should make provision for isolation in the event that this becomes necessary. In planning new hospitals, or additions to existing hospitals, it is recommended that there be one or more rooms, according to the size of the hospital and the needs of the community, which will be suitable when isolation is needed.

Rooms planned for isolation of patients should be located either at the end of a corridor or off a sub-corridor, and should have adjacent lavatory and toilet. There should be adequate facilities for cleansing bedpans and other equipment used in the care of the patient. Such units are most efficient when provided with a utility room equipped with a sink, drainboard and utensil sterilizer.

Part II. Special Requirements For Maternity Service

Introductory:

Under the maternity hospital law, any place which receives more than one maternity patient for care within a period of six months is deemed to be a "maternity hospital." Therefore, in the section that follows the term "maternity hospital" refers to all hospitals receiving maternity patients, including general hospitals as well as hospitals specializing in the care of maternity patients.

The maternity hospital law requires that a maternity bed capacity be determined for each hospital. This determination is made on the basis of provision of adequate space, facilities, and nursing personnel for the care of both mother and infant.

I. PERSONNEL

A. Medical Attendance

Every birth occurring in a maternity hospital shall be attended by a legally qualified physician or midwife. (Section 258.06, Minnesota Statutes of 1941.)

B. Nursing Service

1. **Registered Nurse Required.**—There shall be a registered graduate nurse responsible at all times for the nursing care of maternity patients and newborn infants.

2. **Nursing Personnel.**—The needs of the individual hospital will determine the number of nurses to be employed. It is desirable that nurses caring for maternity patients shall not care for other patients. When necessary for the same nurse to care for both maternity and non-maternity patients, special precautions shall be employed in giving nursing care.

II. ACCOMMODATIONS FOR MATERNITY PATIENTS

A. Segregation of Department

It is recommended that maternity patients be cared for in a segregated part of the hospital. If it is necessary to place maternity patients in rooms previously occupied by other patients, rooms and furnishings shall be thoroughly cleaned before so used.

B. Isolation Facilities

Immediate segregation and isolation of all mothers with infection, fever, or other condition inimical to the safety and welfare of others must be provided in a separate room.

C. Patients' Rooms

Rooms for maternity patients must in general conform to the requirements set forth in V, A, of Part I of these standards. The following are additional requirements for rooms housing maternity patients:

1. **Location.**—All rooms occupied by maternity patients shall be non-basement rooms.
2. **Floor Area.**—Rooms or wards in which maternity patients are cared for shall provide floor space equal to at least 70 square feet per patient. There shall be at least three feet between beds.
3. **Privacy.**—Where two or more patients occupy the same room, privacy shall be secured by means of screens or curtains.

III. PROVISION FOR THE PATIENT IN LABOR

There must be satisfactory provision for the care of the patient in labor, either in the patient's room or in a designated special labor room. Rooms used for this purpose should afford desirable privacy, be conveniently located with reference to the delivery room, and be either soundproofed or so located as to minimize the possibility of sounds reaching other patients' rooms.

There must be facilities for examination and preparation of patients as required by the attending physician.

IV. PROVISION FOR DELIVERY

A. Room To Be Provided

1. It is recommended that a special room be equipped as a delivery room. This room must not be used for any other purpose, and it should be used only for delivery of non-infected patients. Patients with any evidence of infection or possible infection should be delivered in a separate room or in a private room.
2. If maternity service is very small, it is permissible to use patient's own room, provided the room affords reasonable privacy, can be set up satisfactorily for delivery, and is thoroughly cleaned before use.
3. The operating room may not be used for delivery with the exception of Caesarean section.

B. Room—Physical Features

1. Room shall be of ample size to permit observance of good technique.
2. Walls and floor must be washable.
3. Adequate lighting shall be provided.
4. Hand-scrub facilities for doctors and nurses shall be in or adjacent to delivery room. (See VI, E of Part I of these standards for description of satisfactory hand-scrub facilities.)

C. Equipment**FOR DELIVERY**

1. There must be a suitable delivery table equipped for operative deliveries and treatment of shock. The pad must be protected with waterproof sheeting in good condition.
2. Delivery room shall be furnished with suitable tables or stands for instruments, enamelware, and necessary supplies.
3. An adequate supply of enamelware and sterile linen, dressings, gloves, and face masks shall be in readiness for all deliveries.
4. Sterile equipment for administration of blood transfusions and intravenous or subcutaneous therapeutic solutions must be readily available.
5. There shall be ready at all times equipment for general anesthesia, and a minimum of drugs and anesthetics ordinarily needed for use.
6. A stretcher must be provided for returning patient to her own room.

FOR RECEPTION OF NEWBORN INFANT

1. **Heated Bassinet.**—A heated bassinet, crib, or incubator shall be ready for reception and care of the newborn infant.
2. **Equipment for Resuscitation.**—There must be equipment for resuscitation as ordered by the physician. Facilities for the administration of oxygen shall be available.
3. **Silver Nitrate Ampoules.**—Silver nitrate ampoules for the prevention of infant blindness shall be kept on hand and instillation of silver nitrate should be done before infant is removed from the delivery room. (See Regulation 1001 in Special Regulations, Page 44, of these standards.) When requested, these ampoules are furnished by the Division of Preventable Diseases,

Minnesota Department of Health, University Campus, Minneapolis. Ampoules unused at the end of six months should be discarded and a new supply obtained.

4. Identification of Newborn Infants.—Every infant shall be marked for identification by one of the reliable methods in common use, such as tape or name beads. Information shall be sufficient to identify infant with one mother, and one only. If written tags are used, ink should be waterproof.

Marking for identification must be done immediately after delivery and the tag placed on the infant where it may be easily referred to whenever the infant is removed from his crib. Tag should be removed only by the mother, or by a responsible person in the presence of the mother, at the time the infant is dressed to go home.

V. PROVISION FOR INFANTS

A. Nursery Unit

1. Nursery to be Provided.—A nursery shall be provided for the care of newborn infants which shall not be used for any other purpose.

2. Activity Units.—It is recommended that the total nursery space be divided into units in order to segregate the routine activities, such as preparation for work in the nursery, bathing and dressing of infants, preparation of feedings, or examination by physician.

In existing nurseries where such division of space into unit-rooms is not currently feasible, facilities and equipment may be arranged to permit separation of the several nursery activities by areas of the room.

3. Segregation and Isolation of Infants

a. Infants With Infections.—Immediate segregation and isolation of all infants with infections such as respiratory infections, skin rash, or diarrhea, shall be provided in a separate room or cubicle. All equipment shall be kept completely separate for each infant.

b. Infants Born Outside Hospital.—Infants born outside hospital shall be isolated for at least 72 hours after admission.

B. Rooms—Physical Features

1. **Location.**—Nursery must be an outside room so located as to receive sunshine some portion of the day. It is recommended that it be on the same floor as, and conveniently located with reference to, the mothers' rooms.

2. Size

- a. **All-Activity Room.**—All-activity rooms (combined sleeping and bathing rooms) must have sufficient floor area to permit spacing of cribs at least six inches apart, plus adequate space for necessary supplies and equipment and for giving nursing care. There shall be ample aisle space between rows of cribs.

Normally, the all-activity room should have at least 20 square feet of floor space per infant, and at no time may this be less than 16 square feet of floor space per licensed crib.

- b. **Sleeping Room.**—Rooms used only for sleeping of infants must have sufficient floor area to permit spacing of cribs at least six inches apart, plus ample aisle space between rows of cribs.

Normally, the sleeping room should have at least 16 square feet of floor space per infant, and at no time may this be less than 10 square feet of floor space per licensed crib.

3. **Hand-Scrub Facilities.**—There shall be hand-washing facilities in the nursery. Running water should be controlled by foot, knee, or elbow device. (See VI, E, of Part I of these standards for description of satisfactory hand-scrub facilities.)

4. Control of Atmospheric Conditions

- a. **Heating.**—Heating equipment shall be sufficient to maintain a temperature of 75 degrees Fahrenheit. Any room used for the care of infants shall be provided with a reliable room thermometer near the cribs, and approximately at crib level.
- b. **Humidity.**—An instrument for measuring humidity is desirable in sleeping rooms. If air is too dry, means should be provided for maintaining desirable humidity.
- c. **Ventilation.**—Glass deflectors, or other effective window ventilators, are recommended as protection against dust and drafts.

5. Walls, Floors, and Ceilings.—Walls and floors must be washable. Dry sweeping or dusting is prohibited.

Acoustical ceiling treatment is recommended unless nursery is in a separate wing, or otherwise well separated from rooms of patients.

6. Viewing Window.—A glass observation window is recommended. Where bathing and sleeping rooms are combined, shades, screens, or Venetian blinds are suggested to shield infants from view during care or examination.

C. Furnishings and Equipment

1. Bassinets.—A separate crib or basket shall be provided for each infant. Cribs shall have firm mattresses, covered with waterproof sheeting and washable pads. Washable inside linings must be provided to obviate danger of injury to infants from crib bars, and as a preventive measure against transmission of infection. Freshly laundered linings, blankets, and linen shall be furnished for each new occupant.

2. Work Table.—Where a common bathing table is in use, it shall be properly protected and the pad covering renewed after each bath. If basins are used, a separate one must be provided for each infant or the basin must be sterilized before each use.

3. Scales.—Accurate scales must be provided.

4. Medication Tray.—All bottles should be clearly labeled, and old medications discarded.

5. Hot Water Bags.—If hot water bags are used, they must be covered with a protective covering before being placed in the crib. Electrical heating pads shall not be used in cribs of infants.

6. Diaper and Waste Cans.—Covered cans for soiled linen and waste shall be provided and emptied at frequent intervals. It is inadvisable for diaper rinsing to be carried on in the nursery.

7. Rectal Thermometers.—One rectal thermometer shall be provided for each infant. Thermometers may be kept in anti-septic solution in individual containers, or if satisfactory provision is made for disinfection, thermometers may be kept in a general container.

8. Oxygen.—Facilities for administration of oxygen shall be available.

9. Incubators.—Incubators suitable for the care of premature infants should be provided in the ratio of at least one incubator to 20 bassinets, or fraction thereof. Note: A blueprint and specifications for a simple but practical incubator can be obtained

on request from the Division of Child Hygiene, Minnesota Department of Health, University Campus, Minneapolis.

D. Preparation of Feedings

1. **Space and Equipment.**—There shall be space and equipment for the preparation of milk mixtures and for their sterilization.

2. **Milk Supply.**—It is advised that all milk not canned or powdered be boiled for infants.

3. **Refrigeration.**—Refrigeration shall be provided.

4. **Care of Bottles, Nipples, and Utensils.**—Bottles, nipples, and utensils used in the preparation of milk mixtures shall be thoroughly washed and sterilized before each use.

E. Clothing and Linen

1. **Clothing.**—It is recommended that infants' clothing be furnished by the hospital. If furnished by the mother, precautions must be taken to avoid introduction of vermin or infection into the nursery. Freshly laundered or destroyable diapers only shall be used and shall be available in necessary quantity.

2. **Laundry.**—Nursery linen must be washed separately from other hospital linen, and care taken to avoid contamination of freshly laundered articles. Clean receptacles only shall be used to return nursery linen to the maternity department.

VI. PRACTICES

A. Laboratory Facilities

There shall be laboratory equipment and re-agents necessary to perform usual blood examinations, and test urine for albumin, sugar, and acetone bodies. Facilities for matching and typing of blood should be available.

B. Detection of Syphilis

If at the time of admission to a maternity hospital, the blood test for syphilis has not been performed some time during the current pregnancy, it should be performed within twenty-four hours. Mailing outfits for the submission of blood specimens are furnished by the Division of Preventable Diseases, Minnesota Department of Health, Minneapolis, upon request, and a supply should be kept on hand for the convenience of the physician. Specimens of blood taken from the infant's cord at the time of delivery should be submitted for examination unless a blood specimen has already been submitted recently from the mother.

C. Nursing Procedures

Each hospital should establish definite nursing procedures for delivery room and nursery, and for the antepartum and postpartum care of patients. In order to ensure uniformity of practices within a hospital, it is suggested that all routines be in written form, and available for reference on the maternity floor.

D. Instructions to Mothers

1. **Condition on Discharge.**—The mother, or other responsible person who is to care for the child, should be informed of any abnormalities or malformations existing at the time of discharge.

2. **Feeding and Care of Infant.**—Instructions on feeding and other instructions should be given in accordance with the physicians' recommendations.

3. **Referral to Public Health Nurse.**—If the mother is in need of further instruction in the care of her infant, it is suggested that she be referred to the local public health nurse, with the consent of the attending physician.

4. **Educational Literature.**—The Division of Child Hygiene, Minnesota Department of Health, University Campus, Minneapolis, will furnish literature upon request for distribution to mothers.

VII. SOCIAL ASPECTS

The responsibility for assisting an unmarried mother in planning for the care of her child has been placed by statute on the Director of Social Welfare and the county welfare boards acting as his delegated agents. Private social agencies also assist in discharging this responsibility.

Notification of the presence of an unmarried mother in a hospital is given to the county welfare board by the Director of Social Welfare from information contained in the illegitimate birth report which the hospital is required to file with the Director of Social Welfare. In order that this information may be transmitted to the county welfare board in time to arrange for a visit to the unmarried mother while she is in the hospital, it is essential that the illegitimate birth report be submitted to the Director of Social Welfare, St. Paul, within twenty-four hours of the birth of the baby. (See VIII, A, 3 of Part I of these standards.)

A. Placement of Children

1. It is illegal for the licensee of a maternity hospital, or any person connected with a maternity hospital, to place children in family homes, under any circumstances.

2. No member of the hospital staff, or employee of the hospital, shall give information regarding an unmarried mother or her child except to persons legally qualified to receive such information. (See Page 12, Section 258.09 of the Maternity Hospital law.) This is particularly important with respect to information that any child may be available for adoption.

B. Boarding Well Infants in Hospital

1. Plans should be made so that the infant, if normal and well, will not be left in the hospital after discharge of the mother, except where mother's illness or death, or communicable disease in the household, makes it inadvisable for infant to be cared for at home. Where period of boarding care extends beyond thirty days, an infant home license is required (Section 257.11, Minnesota Statutes of 1941); and the institution is subject to regulations governing infant homes. Note: The above does not apply to hospital care of premature infants.

2. Infants born out of wedlock may not be kept for care following discharge of the mother except upon the joint approval of the physician and the county welfare agency responsible for plans for the unmarried mother and her child.

STANDARDS FOR HOMES FOR UNMARRIED MOTHERS

Introductory:

Homes for unmarried mothers are homes providing care to unmarried mothers and their infants, including special care through social service departments. Such care may extend over a period of months before and following confinement, and includes care of the infant. Provision for delivery may be made within the institution, or arrangements for delivery may be made with local general hospitals.

Homes for unmarried mothers are licensed by the State Board of Health after approval by the State Director of Social Welfare on the social service of the institution. The standards for homes for unmarried mothers were developed jointly with the Director of Social Welfare who has statutory responsibility for the protection of infants born out of wedlock.

In general, the plant must conform to the requirements pertaining to construction, heating, sanitation, lighting, ventilation, and safety measures which are set forth in the applicable sections of Part I of the HOSPITAL STANDARDS.

If confinement care is offered, the institution must also meet the requirements pertaining to maternity service as outlined in Part II, "Maternity Service," of the HOSPITAL STANDARDS. The regulations that follow pertain chiefly to the provision for care during the prenatal and post-confinement periods.

I. PERSONNEL

A. Medical Service

Arrangements should be made for medical care during the prenatal and post-confinement periods, including admission and discharge examinations with necessary tests for venereal disease. It is recommended that a physician be appointed who will act in the capacity of chief adviser on all matters relating to health.

Nurseries should be under the direct supervision of a qualified physician, preferably a pediatrician.

B. Nursing Service

The needs of the institution will determine the number and professional qualifications of the nurses to be employed. Institutions providing confinement care must have a registered graduate nurse in charge of the hospital section. Nurseries for older infants should preferably be under the supervision of a graduate nurse.

C. Social Service

Social service established in accordance with the standards adopted by the Director of Social Welfare must be available.

D. Non-Professional Workers

In institutions receiving unmarried mothers, certain household duties are performed by the pregnant and nursing mothers; however, there should be enough cooks, maids, laundry workers, and janitors to ensure the proper conduct of the institution without jeopardizing the health or welfare of the mothers. Household duties should be performed by pregnant and nursing mothers only with the approval of the physician.

II. ACCOMMODATIONS FOR MOTHERS DURING PRE-NATAL AND NURSING PERIODS

The building should provide pleasant, home-like surroundings for mothers during the residence period. Rooms for pregnant and nursing mothers should be as far removed from the hospital department as possible. In planning the home, the following points should receive consideration:

1. Satisfactory sleeping quarters. Bedrooms shall be furnished with comfortable beds, spaced at least four feet apart. Sleeping rooms should afford privacy and be available for rest periods during the day.
2. Provision for individual care of clothing, toilet articles, and other personal belongings. Safe storage should be provided for valuables.
3. Adequate toilet and bathing facilities. Shower baths are recommended in new construction, and for existing buildings where space permits installation.
4. Satisfactory facilities for the preparation and serving of food. Dining rooms should be light and attractive, and tables preferably small.
5. Provision for recreational activities, including quiet, well lighted rooms for reading and letter-writing.
6. Facilities for receiving guests, preferably in small rooms affording privacy.
7. Adequate space for vocational training and classwork.
8. Provision for services such as laundry and sewing to meet the needs of the mothers. In selecting equipment to be used by pregnant women, or women who may not have recovered their strength following childbirth, care must be taken to avoid heavy apparatus.
9. Separate office space and adequate equipment for efficient conduct of the business affairs of the institution.
10. Facilities for isolation as recommended by the attending physician.

III. PROVISION FOR INFANTS

A. Newborn Nursery

Where confinement care is provided, the newborn nursery must conform to the regulations set forth in Part II of the HOSPITAL STANDARDS, under "Maternity Service."

B. Nursery For Older Infants

The size and arrangement of the room will depend on the number of persons working in the nursery, as well as on the number of infants receiving care. Nursery should be large enough to minimize danger of transmitting infection, and to permit observance of good technique.

Provision should be made for individualized care of each infant.

Suitable quarters must be provided where mothers may nurse their infants.

There must be facilities for isolation as recommended by the physician.

IV. REGIME

A. Vocational and Recreational

A definite place should be given in the program to recreational activities, vocational training, and education.

B. Dietary

Meals should be planned with special reference to the needs of pregnant and nursing mothers; and monotony avoided by frequent changes in the menu. It is recommended that a copy of the menus be kept on file.

C. Religious Opportunity

It is the duty of the institution to ascertain the religious affiliation of any girl accepted for admission, and the name of the minister or priest of her choice. Reasonable opportunity should be given unmarried mothers to observe the practices of their religious faiths.

V. REPORTS AND RECORDS

A. Reports to State Agencies

TO STATE OR LOCAL HEALTH DEPARTMENTS

1. **Monthly Reports.**—All institutions receiving unmarried mothers are required to submit monthly reports of births and deaths to State or local health departments. (See VIII, A, 1, of Part I of the HOSPITAL STANDARDS.)

2. **Communicable Disease Reports.**—Communicable disease must be reported to the local health officer. (See VIII, A, 2, of Part I of the HOSPITAL STANDARDS.) Syphilis and gonorrhea shall be reported direct to the Division of Preventable

Diseases, Minnesota Department of Health, University Campus, Minneapolis.

TO THE DIRECTOR OF SOCIAL WELFARE

3. Illegitimate Birth Reports.—Every illegitimate birth must be reported to the Director of Social Welfare within twenty-four hours following the birth of the baby. (Section 258.06, Minnesota Statutes of 1941, as amended by Section 1 of Chapter 16, Minnesota Session Laws of 1943.) Blanks for this purpose are furnished by the Director of Social Welfare. Note: This report must not be confused with the CERTIFICATE OF BIRTH for the child born out of wedlock, which the law requires the attending physician to make, personally sign, and file with the Division of Birth and Death Records and Vital Statistics, Minnesota Department of Health, St. Paul, Minnesota.

4. Unmarried Mother Notification.—In accordance with Section 258.08, Minnesota Statutes of 1941, the home or hospital receiving an unmarried mother for care, shall send notice of admission promptly to the Director of Social Welfare. Forms are provided for this purpose.

5. Discharge Reports.—A report of the unmarried mother and her child submitted on forms provided for that purpose shall be sent to the Director of Social Welfare within seven days following discharge.

B. Hospital Records

1. Register of Maternity Patients.—Every institution receiving unmarried mothers shall keep a register in the form prescribed by the Minnesota Department of Health and the Director of Social Welfare. (Sections 258.05 and 144.23, Minnesota Statutes of 1941.)

2. Death Records.—In accordance with the provisions of Section 144.23, Minnesota Statutes of 1941, a register of deaths must be kept as prescribed by the Minnesota Department of Health.

3. Clinical Records.—Accurate and complete clinical records shall be kept for all maternity patients and infants, including a record of nursing care given. Mother's record should include a record of patient's condition and care given during pregnancy and the puerperium. The infant's record should include a signed report by the physician on the physical condition of the infant immediately prior to infant's discharge.

4. Physicians' Orders.—All orders of physicians should be written in ink or indelible pencil, and signed by the physician in charge. Such orders shall be preserved on the patient's chart or in the established record of such orders.

5. Social Service Records.—Social service records shall be kept in accordance with the standards adopted by the Director of Social Welfare.

STANDARDS FOR HOMES FOR THE AGED

Introductory:

For the purpose of these standards, Homes for the Aged are defined as homes which admit aged persons for relatively permanent care. As a rule, they are conducted by a group such as a religious, charitable, or fraternal organization. However, they may include State, county, or municipally operated homes which are maintained primarily for aged persons. The buildings in which they are housed are essentially of institutional rather than family dwelling type.

Homes for the Aged which provide chronic or convalescent care to two or more residents at one time are subject to licensure under the hospital licensing law, and must meet the requirements of these standards.

The following requirements have been established to cover the special needs of the ill or incapacitated aged resident, and to eliminate conditions which are especially hazardous to aged persons. Included also are measures which have a bearing on the health and well-being of the entire aged population of the home.

I. SUBMISSION OF PLANS

Before construction is begun, plans and specifications covering the construction of new buildings, additions to existing buildings, or material alterations to existing buildings shall be submitted to and approved by the Minnesota Department of Health with respect to compliance with these standards. These plans shall show the general arrangement of the building, including the intended purpose and fixed equipment of each room, together with such additional information as the Minnesota Department of Health may require.

Also, no system of water supply, plumbing, sewerage, garbage or refuse disposal for these institutions shall be installed nor shall any such existing system be materially altered or extended until complete plans and specifications for the installation, alteration, or extension, together with such information as the Minnesota Department of Health may require, have been submitted in duplicate and approved so far as relates to their sanitary features.

All construction shall take place in accordance with the approved completed plans.

In order to avoid unnecessary expense in changing final plans it is suggested that as a preliminary step proposed plans in sketch form be reviewed with the Minnesota Department of Health.

II. LOCATION AND COMMUNICATION

A. Environment

Quietness and sanitary features of the immediate environment will be taken into consideration in examining applications for license.

It is suggested that a roomy yard or garden be enclosed for the safety of ambulatory senile or confused residents who might wander away. Such enclosure should be provided with comfortable chairs or other resting places.

B. Zoning Restrictions

In locating an institution, the local zoning ordinances should be taken into consideration by the applicant. Information as to zoning restrictions may be obtained from local civil authorities.

C. Transportation

Institutions located in rural areas must be served by a good road, kept passable at all times of the year.

D. Communication

There must be a telephone in the building, and additional telephones or extensions as required to summon help promptly in case of fire or other emergency.

III. PHYSICAL PLANT

A. Construction

1. Walls and floors should be of a character to permit frequent washing, cleaning or painting.

2. The construction of the building should be such as to prevent the entrance and harborage of rats and other rodents.

3. The building should be kept in good repair.

4. In planning new buildings or additions to existing buildings consideration should be given to eliminating unnecessary differences in floor levels, such as between entrance hall and porch, which might be hazardous to persons who are feeble and uncertain in step.

B. Heating

Heating plant shall be adequate to maintain a temperature of 70 degrees Fahrenheit in severe weather, in all rooms used by residents.

C. Sanitation

1. **Water Supply.**—The water supply shall be of safe, sanitary quality, suitable for use, and shall be obtained from a water supply system, the location, construction, and operation of which comply with the standards approved by the State Board of Health. The water shall be distributed to conveniently located

taps in the building. Water heating facilities shall be available at all times.

2. **Sewage Disposal.**—Sewage shall be discharged into a municipal sewerage system where such a system is available; otherwise, the sewage shall be collected, treated, and disposed of in an independent sewerage system which complies with the standards approved by the State Board of Health.

3. **Plumbing.**—Toilet facilities shall be provided in reasonable ratio to the number and kind of patients cared for in the institution. It is suggested that handrails be provided if needed by residents near bathtub or toilet.

The plumbing and drainage, or other arrangements for the disposal of excreta and infectious discharges and institutional wastes, shall be in accordance with the plumbing standards approved by the State Board of Health.

4. **Garbage Disposal.**—All garbage shall be stored and disposed of in a manner that will not permit the transmission of a contagious disease, create a nuisance, or provide a breeding place for flies. All containers for garbage shall be watertight, have tight fitting covers, and be rodent proof.

5. **Screens.**—When flies, mosquitoes, and other insects are prevalent, all outside doors, windows, and other outside openings shall be screened with wire screen or its equal with not less than sixteen meshes per lineal inch. All screen doors shall open outward and be equipped with self-closing devices.

D. Lighting

1. **Adequacy.**—Each resident's room shall be an outside room with a satisfactory amount of natural light. The window area shall be not less than one-eighth of the floor area.

Every room, including storerooms and attic, shall be provided with sufficient artificial lighting facilities so that all parts shall be clearly visible under such artificial lighting.

It is especially important that hallways, stairways, inclines, ramps, and porches be well lighted in order to prevent accidents.

There should be a light burning all night in halls and passageways, especially in halls which must be traversed to reach the bathroom. It is suggested that lights be installed above baseboards.

Lighting fixtures should be selected and located with a view to the comfort and safety of residents and personnel. All service rooms and working centers such as medicine cabinets shall be adequately lighted.

2. **Emergency Lighting.**—Emergency lighting facilities must be provided and distributed so as to be readily available to personnel on duty.

E. Ventilation

Building shall at all times be adequately ventilated. Kitchen, bathroom, and service rooms shall be so located and ventilated by window or mechanical means as to prevent offensive odors from entering residents' rooms and the public halls.

F. Elevators and Stairways

1. **Elevators.**—Elevators and machinery shall be so constructed and maintained as to comply with the regulations of the Division of Accident Prevention, Minnesota Department of Labor and Industry.

2. **Stairways.**—All stairways shall be provided with handrails. To assist aged persons in climbing stairs as well as to obviate the danger of falling in descending stairs, it is desirable that there be handrails on both sides of the stairway.

All open stairwells shall be protected with guardrails.

G. Laundry

The institution shall make provision for the proper cleansing of linen and other washable goods. Where linen is sent to an outside laundry, it is advisable for the superintendent, or a responsible member of the staff, to visit such laundry and note the facilities and methods of handling linen.

Safety guards for laundry machinery must be provided in accordance with the requirements of the Division of Accident Prevention, Department of Labor and Industry.

H. Incineration

Incineration facilities should be provided for the disposal of infected dressings and other similar materials.

IV. FOOD SANITATION

A. Facilities for Preparation and Serving of Food

There must be facilities for the proper preparation and serving of food.

B. Food Storage

1. **Storerooms.**—Storerooms shall be clean and well ventilated, and all food shall be so stored as to be protected from dust, flies, rodents, vermin, unnecessary handling, droplet infection, overhead leakage, or other source of contamination.

2. **Refrigeration.**—Kitchen facilities shall include refrigeration, and perishable food must be kept at a temperature below 50° Fahrenheit in order to prevent deterioration. It is suggested that there be a reliable thermometer in the refrigerator, and in storerooms used for perishable food.

C. Cleansing and Disinfection of Dishes

All multi-use utensils used for eating, drinking, and in the preparation or serving of food and drink shall be effectively cleaned and disinfected after each usage. Gross food particles should be removed by careful scraping and pre-rinsing in running hot water. Brushes, baskets, and sprays are suggested. The dishes should be thoroughly washed in hot water, 110° to 120° Fahrenheit, using an adequate amount of effective soap or detergent. Following this, the utensils should be rinsed in hot water to remove soap, and disinfected by one of the following methods:

1. Immersion for at least 2 minutes in clean water at 170° Fahrenheit.
2. Immersion for at least one-half minute in boiling water.
3. Immersion for at least 2 minutes in a luke warm chlorine bath containing at least 50 parts per million of available chlorine. Note: Chlorine is not recommended for silverware. It is preferable to use either (1) or (2) above.

Steam or hot water cabinets can be made effective.

Results obtained with dishwashing machines should be equal to those obtained by the methods outlined above.

After disinfection, the utensils should be allowed to drain and dry in racks or baskets on non-absorbent surfaces. Drying cloths are not recommended. Dishes should be stored in closed cupboards for protection against dust, moisture, etc.

D. Construction of Glass-Filling Devices

Every water glass-filling device shall be constructed so as to prevent any contact of the upper one-third of the glass with the device, and in addition, so that no portion of the device extends into the glass.

E. Ice

All ice used in contact with food or drink shall be from a satisfactory source, and handled and dispensed in a sanitary manner.

F. Milk Supply

There shall be a safe milk supply. Pasteurized milk shall be provided if available. Where pasteurized milk is not available, condensed, evaporated, or dried milk may be used. Arrangements for pasteurizing milk produced on an institution's own farm may be made with a local pasteurizing plant.

G. Hand-washing Facilities for Food Handlers

There shall be hand-washing facilities, with soap, running water, and an adequate supply of towels, in all kitchens, including diet kitchens, and in washrooms used by food handlers. Use of a common towel is prohibited.

H. Kitchen and Storeroom Plumbing

The plumbing in these rooms shall be in accordance with the plumbing standards approved by the State Board of Health.

V. PROVISION FOR CARE OF SICK RESIDENTS

Homes for the aged do not ordinarily accept persons in need of nursing care at the time of admission, but make provision for such care in the event that a resident becomes ill or incapacitated while in the home. This care may be provided in the resident's own quarters or in an infirmary department which is equipped for the purpose. In planning rooms to be used for the housing of sick residents, the following requirements should be considered:

A. Rooms

1. **Location.**—Rooms for the care of infirm residents should be conveniently located with reference to bath and toilet facilities, and to the nursing personnel, especially when the nursing care must be given by workers who are also responsible for other duties.

Each resident's room shall be an outside room with a satisfactory amount of natural light.

Rooms extending below ground level shall not be used for patients unless they are dry, well ventilated, and otherwise suitable for occupancy.

2. **Floor Area.**—Rooms shall be of sufficient size to allow not less than 60 square feet of floor space per bed with at least 3 feet between beds.

3. **Window Area.**—Window area shall be not less than one-eighth of the floor area.

4. **Doors.**—Doors to patients' rooms should be sufficiently wide to permit easy removal of the occupied bed.

The master key of all rooms locked on the inside, or locked by the resident on leaving his room, should be kept where staff members can readily find it in emergency.

B. Furnishings

1. **Beds.**—Beds of household height are usually preferred by aged persons. However, there should be an adequate number of beds of hospital height, or means for elevating beds, for patients receiving bed nursing care.

2. **Bedding.**—A sufficient supply of clean bedding and bed linen shall be kept on hand for use at all times.

3. **Storage Space.**—There shall be satisfactory storage space for clothing, toilet articles, and other personal belongings of patients.

4. **Signals.**—Means for signaling attendants must be provided at the bedside of patients confined to bed. Hand bells are acceptable.

VI. FACILITIES AND EQUIPMENT FOR CARE

A. Space Requirement

There shall be adequate space and facilities for the proper cleansing and storage of nursing supplies and equipment. Suitable provision must be made for the preparation of medications and treatments.

B. Equipment for Bedside Care

The kind and amount of nursing equipment needed will depend on the number and kind of patients requiring nursing care within the institution. Where the home makes arrangements with an outside hospital for the transfer of patients requiring more technical nursing care, simple equipment for ordinary bedside care will be sufficient, with emphasis on the provision of comfort aids.

The following is not a complete list of nursing equipment necessary or desirable for the care of patients; the aim, rather, has been to include certain minimum essentials and point out special precautions which must be taken in their use.

1. **Linen.**—Individual towels, wash cloths, and bath blankets must be provided for each patient.

Bedpan covers must not be used interchangeably.

2. **Enamelware.**—There shall be a sufficient number of wash basins, mouth-wash cups, and bedpans, plainly marked, for the use of each individual patient, provided that where enamelware is disinfected or sterilized after each using, it need not be kept individual.

3. **Thermometers.**—There shall be a sufficient number of thermometers to permit adequate disinfection before using.

4. **Hot Water Bags.**—Hot water bags must be covered before placing in beds. The greatest care must be exercised in their use to see that water is not too hot and bags are not leaking. If heating pads are used, they should be checked periodically by a qualified electrician.

5. **Restraints.**—No resident shall be restrained except on written order of a physician; provided that if a resident becomes suddenly disturbed so that he becomes a menace to himself or others, restraint may be applied by the person in charge, but the

physician's order should be obtained at the earliest possible opportunity. In applying restraints, careful consideration should be given to the methods by which they can be speedily removed in case of fire or other emergency.

C. First Aid

Equipment and supplies for first aid must be readily available at all times.

D. Storage of Medicines

1. It is recommended that a locked, well illuminated cabinet be maintained for the storage of medicines, poisons, and stimulants. All drugs shall be plainly labeled.

2. Narcotics must be securely locked and accessible only to the person in charge.

3. Out-dated medications, including special prescriptions, should be discarded.

VII. PERSONNEL

A. Medical Attendance

1. All homes for the aged should arrange for one or more duly licensed practitioners of the healing arts to be called in emergency.

2. It is recommended that homes for the aged arrange for a physician to act as general adviser on all health matters pertaining to the institution.

3. Prior to entrance, applicants for admission to homes for the aged should have a physical examination by a duly qualified practitioner. Whenever possible, it is advised that this examination be made by a physician who is familiar with the facilities of the home, and in a position to furnish continuing attendance on the resident.

4. A physician shall be called at the onset of any physical or mental illness.

B. Nursing Service

1. **Nurse in Charge.**—There should be one person who is definitely in charge of the nursing service of the home. She may be either a registered or a graduate nurse, or a practical nurse having sufficient experience to qualify her for responsibility for the care of the patients in the institution.

2. **Nursing Personnel.**—When the size of the service requires, additional nursing personnel should be employed to give adequate care to sick residents. In employing nursing personnel, careful inquiry should be made as to training, previous experience, and other qualifications for the position, and this information made a matter of record. A supply of "Application for Nursing Employ-

ment" forms may be obtained on request from the Division of Child Hygiene, Minnesota Department of Health, University Campus, Minneapolis.

VIII. REPORTS AND RECORDS

A. Reports to State and Local Health Departments

1. **Monthly Reports.**—A complete list of all deaths occurring within a given month in institutions licensed under the hospital licensing law must be reported on special blanks provided for the purpose to the Division of Birth and Death Records and Vital Statistics, Minnesota Department of Health, St. Paul, within the first 10 days of the following month. (Note: Provided that in Minneapolis and St. Paul such reports must be sent to the respective local health department instead of to the State Department of Health.)

2. **Communicable Disease Reports.**—The superintendent or person in charge of the institution must report each case of communicable disease, except venereal disease, to the local health officer within twenty-four hours after the disease is discovered. Reporting postcards furnished by the Division of Preventable Diseases, Minnesota Department of Health, may be used and shall be signed by the physician who diagnoses the case. Reports of syphilis or gonorrhea, on special forms provided for that purpose, shall be sent direct to the Division of Preventable Diseases, Minnesota Department of Health, University Campus, Minneapolis.

B. Institution Records

1. **Admission Records.**—Admission records must be kept as prescribed by the Minnesota Department of Health in accordance with the provisions of Section 144.23, Minnesota Statutes of 1941. The law prohibits the destruction of such records.

2. **Death Records.**—In accordance with the provisions of Section 144.23, Minnesota Statutes of 1941, a register of deaths must be kept as prescribed by the Minnesota Department of Health.

3. Narcotic Records

a. **If Administered from Stock.**—If narcotics are administered from a stock secured by the institution under a Federal permit, each dose shall be recorded in a Narcotic Record in the form prescribed by the State Board of Health, wherein shall be recorded the date, hour, name of patient, name and registration number of physician, kind of narcotic, dose, and by whom administered.

b. **If Administered on Prescription Only.**—If the institution does not keep a stock supply of narcotics, and ad-

ministration is by prescription only, it will be sufficient to record each dose on the clinical record of the patient.

4. **Nursing Records.**—Nursing records should be kept on all acutely ill cases, or when a physician is in regular attendance.

5. **Physicians' Orders.**—All orders of physicians should be written in ink or indelible pencil, and signed by the physician in charge. Such orders shall be preserved on the patient's chart or in the established record of such orders.

IX. NARCOTIC PERMIT

A permit from the Federal Bureau of Narcotics is necessary for the purchase of narcotics for stock use. Any institution which is using narcotics in considerable amounts will find it more convenient to have a permit to procure narcotics than to furnish them to patients on special prescription.

An application by an institution to the Federal Bureau of Narcotics for a Federal permit to purchase narcotics will not be granted unless it is approved by the Minnesota Department of Health. Such approval is subject to the following conditions:

1. That there be a person legally authorized to practice medicine or a licensed pharmacist in charge of the institution stock of narcotics and the recording of its use.
2. That the stock of narcotics be kept securely locked.
3. That a record book of narcotics administered be kept in the form prescribed by the State Board of Health in which shall be recorded the date, hour, name of patient, name and registration number of physician, kind of narcotics, dose, and by whom administered. (See VIII, B, 3, a)

STANDARDS FOR MATERNITY HOMES

Introductory:

The term "maternity home" is used to cover the service rendered maternity patients in private family homes. By law, any home which receives more than one maternity patient, exclusive of relatives, within a period of six months, is deemed to be a maternity home. Because maternity homes do not have the facilities of a well-equipped hospital to furnish scientific care or meet the emergencies of maternity cases, they are licensed only when it is shown that there is a need for their service in the community, and then only under conditions which are designed to safeguard the well-being of infants born therein and the health and best interests of the patients received for care.

In order to restrict the development of maternity homes to those which fill a need, and to limit the intake to patients for whom the home is equipped to give care, the Minnesota Department of Health has adopted the following policies:

1. Maternity homes may not be licensed in communities with regular hospital facilities available to all physicians. This is in accord with the intent of the maternity hospital law, which provides that the institution to which a license is granted must be "for the public good."
2. A maternity home shall not be licensed to receive more than three maternity patients at one time.
3. The maternity home must be recommended and sponsored by one or more physicians in the community who will certify to the need for the home, be responsible for the delivery set-up, and maintain supervision over the care of the mother and baby in the home.
4. Patients may be accepted only upon the approval of a duly qualified physician except under emergency circumstances which make it impossible to obtain prior approval for the admission of the patient.
5. The maternity home is required to restrict its service to maternity patients. Under a policy of the Minnesota Department of Health, a private home is not licensed for the care of both maternity patients and non-maternity patients, including chronic or convalescent patients. Roomers or boarders must not be accepted.
6. It is not the policy of the Minnesota Department of Health to license a maternity home in which there are small children in the household.



7. The maternity home may not receive boarding children for care.
8. The solicitation of patients or use of advertising is disapproved.

The standards which have been adopted for hospitals receiving maternity patients have been modified for the maternity home in order to meet the conditions which arise from the limited space and facilities, and the restricted service of such homes.

I. LOCATION AND COMMUNICATION

A. Location

A maternity home should be located advantageously to medical service and to transportation facilities for patients.

B. Telephone

In order that help may be summoned promptly in case of fire, accidents, acute illness, or other emergency, there must be a telephone in the home.

II. HOUSING

A. Construction and Repair

The building should be in good repair and should be of such construction as to prevent entrance or harborage of rodents.

B. Heating

Heating plant shall be adequate to maintain a temperature of 70° Fahrenheit in cold weather. No oil or gas heater shall be used in a room unless it is directly connected with a flue which opens to the outside air.

C. Sanitation

No system of water supply, plumbing, or sewerage shall be installed or materially altered until the Minnesota Department of Health has been advised and its approval has been obtained on the proposed work.

1. **Water Supply.**—The water supply shall be of safe, sanitary quality, suitable for use, and shall be obtained from a water supply system, the location, construction, and operation of which comply with the standards approved by the State Board of Health. Water heating facilities shall be available at all times.

2. **Sewage Disposal.**—Sewage shall be discharged into a municipal sewerage system where such a system is available; otherwise, the sewage shall be collected, treated, and disposed of in an independent sewerage system which complies with the standards approved by the State Board of Health.

If a water carriage sewerage system is not practicable, privies may be used for the disposal of excreta. Such privies shall be lo-

cated, constructed, and operated in accordance with the standards approved by the State Board of Health.

3. **Plumbing.**—The plumbing and drainage, or other arrangements for the disposal of excreta and wastes, shall be in accordance with the plumbing standards approved by the State Board of Health.

4. **Garbage Disposal.**—All garbage shall be stored and disposed of in a manner that will not permit the transmission of a contagious disease, create a nuisance, or provide a breeding place for flies. All containers for garbage shall be watertight, have tight fitting covers, and be rodent proof.

5. **Screens.**—When flies, mosquitoes, and other insects are prevalent, all outside doors, windows, and other outside openings shall be screened with wire screen or its equal with not less than sixteen meshes per lineal inch. All screen doors shall open outward and be equipped with self-closing devices.

D. Lighting

1. **Adequacy.**—Each patient's room shall be an outside room with a satisfactory amount of natural light.

Entrances, rooms, hallways and stairways used by patients must have adequate lighting facilities.

2. **Emergency Lighting.**—An electric lantern or flashlight must be available in case of failure of electricity.

III. FOOD SANITATION

A. Facilities for Preparation and Serving of Food

There must be facilities for the proper preparation and serving of food and for cleansing of dishes and kitchen utensils.

B. Food Storage

1. All food shall be stored so as to be protected from dust, flies, vermin, or other source of contamination.

2. Kitchen facilities shall include refrigeration, and perishable food must be kept at a temperature below 50° Fahrenheit in order to prevent deterioration. It is suggested that there be a reliable thermometer in the refrigerator, and in storerooms used for perishable food.

C. Milk Supply

There shall be a safe milk supply. Pasteurized milk shall be provided if available. Where pasteurized milk is not available, condensed, evaporated or dried milk may be used. A leaflet, "Home Pasteurization of Milk," outlining a simple method for pasteurization of milk is obtainable on request from the Divi-

sion of Child Hygiene, Minnesota Department of Health, University Campus, Minneapolis.

D. Ice

All ice used in contact with food or drink must be from a satisfactory source, and handled and dispensed in a sanitary manner.

IV. ACCOMMODATIONS FOR PATIENTS

In maternity homes, the patient's room is ordinarily used for delivery. Therefore, in planning the room it is necessary to take into consideration its suitability for delivery as well as for the postpartum care of the patient.

A. Rooms

1. **Separate Bedroom.**—A separate bedroom is desirable for each maternity patient; however, two or more patients may occupy the same room when space and ventilation are satisfactory, and when the desirable privacy is provided by screens. No patient shall be delivered in a room occupied by another patient.

2. **Location of Patient's Room.**—Room shall be conveniently located with relation to toilet and handwashing facilities.

3. **Space.**—If room is also to be used for delivery, room must be sufficiently large for delivery set-up as well as for care of patients.

4. **Walls and Floors.**—Walls and floors should be of a character to permit frequent washing or painting. Rugs, if used, should be removable, and hangings simple. Room should be scrupulously cleaned before delivery.

B. Furnishings

1. **Bed.**—A good bed shall be provided, preferably high, with ample working space on both sides. Mattress should be firm and flat, and should be protected by waterproof sheeting.

Bed blocks are suggested if the bed is low, and should be provided for raising foot or head if other measures are not available. Care must be taken that blocks are firm and that the holes for casters are deep enough to prevent the bed from slipping from blocks.

2. **Bedside Tables.**—A bedside table for each patient will be found useful.

3. **Bedding.**—An adequate and suitable supply of clean bedding and bed linen must be kept on hand at all times. It is recommended that linen used for patients be reserved for such use only.

4. **Signals.**—A hand bell should be provided at the bedside of each patient.

V. PROVISION FOR DELIVERY AND BEDSIDE CARE

A. Preparation of Delivery Room

Room should be set up in accordance with the physician's instructions. It is of special importance that all supplies and equipment needed for delivery be at hand. There must be adequate lighting of the delivery field.

B. Hand-Scrub Facilities

Hand-washing facilities shall be available. It is desirable that they be convenient to the patient's room.

C. Sterile Supplies

In maternity homes, sterile supplies are frequently furnished by the physicians, but it is desirable that such homes have a complete set for at least one delivery on hand at all times to meet emergencies.

There shall be proper utensils for sterilizing instruments and enamelware as required by the physician.

D. Emergency Equipment

Equipment for the giving of anesthesia, or for administration of oxygen, blood transfusions, or intravenous or subcutaneous therapeutic solutions, and facilities for laboratory examinations, are usually furnished by the physician but shall be available to meet emergencies in the maternity home.

E. Nursing Equipment

1. **Enamelware.**—Enamelware may be simple, but must be adequate for proper care of mother and infant. There shall be separate washbasin and bedpan, plainly marked, for the use of each patient.

2. **Hot Water Bags.**—Hot water bags must be covered before placing in bed or crib. The greatest care must be exercised in their use to see that the water is not too hot and bags are not leaking.

Electrical heating pads shall not be used in cribs of infants.

3. **Thermometer.**—Individual thermometers are recommended.

4. **Bath Blanket.**—Individual bath blankets shall be provided for each patient.

F. Cleansing and Storage of Supplies

A cabinet, cupboard, or other suitable enclosed space must be provided for keeping equipment and supplies in a clean, convenient, and orderly manner. There shall be provision for thorough cleansing of all articles used in the care of patients.

VI. PROVISION FOR INFANTS

A. Room to Be Used

1. The crib should be so placed as to ensure quiet, healthful, and sanitary surroundings for the infant, and protection from drafts and danger of contamination from visitors. Visitors shall not be permitted in the same room with infants.

2. A reliable room thermometer should be hung on the wall near to, and at the level of, the infant's crib. An even temperature of approximately 75° Fahrenheit should be maintained.

3. Immediate isolation of any infant with an infection shall be provided in a separate room.

B. Equipment for Infants

1. **Bassinet.**—There must be a separate crib or basket for each infant. Mattress should be firm and flat and covered with waterproof sheeting, washable pads, and clean bed linen.

2. **Bathing Facilities.**—There shall be equipment to provide for bathing of infants by safe and sanitary methods. It is recommended that a separate tray containing the necessary articles be provided for each infant.

3. **Scales.**—Accurate scales must be provided.

C. Preparation of Feedings

1. **Space and Equipment.**—There shall be space and equipment for preparation of milk mixtures and for their sterilization.

2. **Milk Supply.**—There must be a safe milk supply. It is advised that all milk not powdered or canned be boiled for infants.

3. **Bottles, Nipples, and Utensils.**—Bottles, nipples, and utensils used in the preparation of milk mixtures shall be thoroughly washed and sterilized before each use.

D. Clothing and Laundry

1. Infant's clothing may be provided by the mother, however, the maternity home shall have at least one complete outfit for emergency use.

2. Infants' clothing and bassinet linen should be washed separately from other laundry. It is especially important that diapers be washed with plenty of mild soap, and thoroughly rinsed through four waters to remove all soap.

E. Instructions to Mothers

1. **Feeding and Care of Infant.**—Instructions on feeding and other instructions should be given in accordance with the physicians' recommendations.

2. Referral to Public Health Nurse.—If the mother is in need of further instruction in the care of her infant, it is suggested that she be referred to the local public health nurse, with the consent of the attending physician.

3. Educational Literature.—The Division of Child Hygiene, Minnesota Department of Health, University Campus, Minneapolis, will furnish literature upon request for distribution to mothers.

VII. PERSONNEL

A. Medical Attendance

Every birth occurring in a maternity home shall be attended by a legally qualified physician or midwife.

B. Nursing Service

Nursing care is usually given by the licensee of the maternity home, who may be either a registered, graduate, or practical nurse. She must be clean, capable, and reliable, possessing ability and willingness to carry out instructions of physicians.

If complications arise in condition of mother or child, it shall be the duty of the licensee to co-operate with the attending physician or the family in providing skilled nursing service.

VIII. PLANS FOR MOTHER AND CHILD

The responsibility for assisting an unmarried mother in planning for the care of her child has been placed by statute on the Director of Social Welfare and the county welfare boards acting as his delegated agents.

Notification of the presence of an unmarried mother in a maternity home is given to the county welfare board by the Director of Social Welfare from information contained in the illegitimate birth report which the maternity home is required to file with the Director of Social Welfare. In order that this information may be transmitted to the county welfare board in time to arrange for a visit to the unmarried mother while she is in the maternity home it is essential that the illegitimate birth report be submitted to the Director of Social Welfare, St. Paul, within twenty-four hours of the birth of the baby.

A. Placement of Children

1. It is illegal for the licensee of a maternity home to place children in family homes under any circumstances.

2. No person connected with a maternity home shall give information regarding an unmarried mother or her child except to persons legally qualified to receive such information.

B. Boarding Well Infants in Maternity Home

1. Plans should be made so that the infant, if normal and well, will not be left in the maternity home after discharge of

the mother, except where mother's illness or death, or communicable disease in the household, makes it inadvisable for infant to be cared for at home.

2. Infants born out of wedlock may not be kept for care following discharge of the mother.

IX. REPORTS AND RECORDS

A. Reports to State Agencies

1. **Monthly Reports.**—A complete list of all births and deaths occurring within a given month in a maternity home must be reported on special blanks provided for the purpose to the Division of Birth and Death Records and Vital Statistics, Minnesota Department of Health, State Office Building, St. Paul, within the first 10 days of the following month.

2. **Illegitimate Birth Reports.** — Every illegitimate birth must be reported to the Director of Social Welfare, St. Paul, within twenty-four hours following the birth of the baby. (Section 258.06, Minnesota Statutes of 1941, as amended by Section 1, Chapter 16, Minnesota Session Laws of 1943.) Blanks for this purpose are furnished by the Division of Social Welfare. (Note: This report must not be confused with the CERTIFICATE OF BIRTH for the child born out of wedlock, which the law requires the attending physician to make, personally sign, and file with the Division of Birth and Death Records and Vital Statistics, Minnesota Department of Health, State Office Building, St. Paul, Minnesota.)

B. Records to Be Kept in Maternity Home

1. **Register of Maternity Patients.**—Every maternity home shall keep a maternity register in the form prescribed by the Minnesota Department of Health and the Director of Social Welfare (Sections 258.05 and 144.23, Minnesota Statutes of 1941.) The maternity register is a confidential record and its contents must be safeguarded. (Note: When a maternity home closes, a statement should be sent to the Division of Child Hygiene, Minnesota Department of Health, University Campus, Minneapolis, giving information as to the storage that will be provided. If a maternity home is not able to provide safe storage, the Minnesota Department of Health will assume responsibility for the storage of maternity registers of a closed maternity home.)

2. **Bedside Notes.**—Bedside notes shall be kept for each patient, mother and infant, separately. A simple form for this purpose will be furnished by the Division of Child Hygiene, Minnesota Department of Health, on request.

STANDARDS FOR HOMES FOR CHRONIC OR CONVALESCENT PATIENTS

Introductory:

Homes for chronic or convalescent patients include those places known as rest homes, nursing homes, or convalescent homes, which do not receive acutely ill patients, or patients requiring special facilities such as surgical or maternity cases. These homes also include private homes boarding aged and infirm persons, provided the home is giving chronic or convalescent care to at least two persons at one time.

As a rule, homes for chronic or convalescent patients are set up to care for adult patients, usually older persons. They shall not receive either sick children or well children for nursing or boarding care. Homes receiving children under 14 years of age, except children related to the householder by blood or marriage, are deemed to be foster boarding homes under Section 257.10, Minnesota Statutes of 1941 (Section 4569, Mason's Minnesota Statutes) and are subject to licensure by the Director of Social Welfare. Under a joint policy of the Director of Social Welfare and the Minnesota Department of Health, a private home may not be licensed as both a foster boarding home for children and a home for chronic or convalescent patients.

Homes for chronic or convalescent patients are ordinarily conducted by individuals in their own homes. The abridged standards which follow take into consideration the restricted operation and limited space of the individual-owned nursing home in a building of private dwelling type. Where either the plant or the operation of the chronic or convalescent home is more than that of the nursing home described, it is classified as a specialized hospital and must conform to the requirements of the HOSPITAL STANDARDS.

I. SUBMISSION OF PLANS

Before any important structural change is made in a home for chronic or convalescent patients, plans showing the general arrangement of the building, together with the changes contemplated, shall be submitted to and approved by the Minnesota Department of Health with respect to compliance with licensing standards.

No system of water supply, plumbing, or sewerage shall be installed or materially altered until the Minnesota Department of Health has been advised and approval has been obtained on the proposed work.

II. LOCATION AND COMMUNICATION

A. Environment

Quietness and sanitary features of the immediate environment will be taken into consideration in considering applications for license.

B. Zoning Restrictions

In locating a nursing home, the local zoning ordinances should be taken into consideration by the applicant. Information as to zoning restrictions may be obtained from local civil authorities.

C. Transportation

Nursing homes located in rural areas must be served by a good road, kept passable at all times of the year.

D. Telephone

In order that help may be summoned promptly in case of fire, accident, acute illness, or other emergency, there must be a telephone in the building.

III. PHYSICAL PLANT

A. Construction and Repair

The building should be in good repair and should be of such construction as to prevent entrance or harborage of rodents. Walls and floors should be of a character to permit frequent washing, cleaning, or painting.

B. Heating

Heating plant shall be adequate to maintain a temperature of 70° Fahrenheit in severe weather, in all rooms used for patients.

C. Sanitation

1. **Water Supply.**—The water supply shall be of safe, sanitary quality, suitable for use, and shall be obtained from a water supply system, the location, construction, and operation of which comply with the standards approved by the State Board of Health. Water heating facilities shall be available at all times.

2. **Sewage Disposal.**—Sewage shall be discharged into a municipal sewerage system where such a system is available; otherwise, the sewage shall be collected, treated, and disposed of in an independent sewerage system which complies with the standards approved by the State Board of Health.

If a water carriage sewerage system is not practicable, privies may be used for the disposal of excreta. Such privies shall be located, constructed, and operated in accordance with the standards approved by the State Board of Health.

3. **Plumbing.**—Toilet facilities shall be provided in reasonable ratio to the number and kind of patients cared for in the nursing home.

The plumbing and drainage, or other arrangements for the disposal of excreta and wastes, shall be in accordance with the plumbing standards approved by the State Board of Health.

4. **Garbage Disposal.**—All garbage shall be stored and disposed of in a manner that will not permit the transmission of a contagious disease, create a nuisance, or provide a breeding place for flies. All containers for garbage shall be watertight, have tight fitting covers, and be rodent proof.

5. **Screens.**—When flies, mosquitoes, and other insects are prevalent, all outside doors, windows, and other outside openings shall be screened with wire screen or its equal with not less than sixteen meshes per lineal inch. All screen doors shall open outward and be equipped with self-closing devices.

D. Lighting

1. **Adequacy.**—Each patient's room shall be an outside room with a satisfactory amount of natural light.

Entrances, rooms, hallways and stairways used by patients must have adequate lighting facilities.

2. **Emergency Lighting.**—An electric lantern or flashlight must be available in case of failure of electricity.

E. Ventilation

The building shall be adequately ventilated and precautions taken against offensive odors. Portable window education fans will be found helpful.

F. Stairways

All stairways shall be provided with handrails and all open stairwells shall be protected with guardrails.

G. Incineration

Incineration facilities should be provided for the disposal of infected dressings, and other similar materials.

IV. FOOD SANITATION

A. Facilities for Preparation and Serving of Food

There must be facilities for the proper preparation and serving of food.

B. Food Storage

1. **Storerooms.**—Storerooms shall be clean and well ventilated. In storing food, care should be taken to protect it from dust, flies, vermin, rodents, unnecessary handling, overhead leakage, droplet infection, or other source of contamination.

2. **Refrigeration.**—Kitchen facilities shall include refrigeration, and perishable food must be kept at a temperature below 50° Fahrenheit in order to prevent deterioration. It is suggested that there be a reliable thermometer in the refrigerator, and in storerooms used for perishable food.

C. Cleansing and Disinfection of Dishes

All multi-use utensils used for eating, drinking, and in the preparation or serving of food and drink shall be effectively cleaned and disinfected after each usage. Gross food particles should be removed by careful scraping and pre-rinsing in running hot water. Brushes, baskets, and sprays are suggested. The dishes should be thoroughly washed in hot water, 110° to 120° Fahrenheit, using an adequate amount of effective soap or detergent. Following this, the utensils should be rinsed in hot water to remove soap, and disinfected by one of the following methods:

1. Immersion for at least 2 minutes in clean water at 170° Fahrenheit.
2. Immersion for at least one-half minute in boiling water.
3. Immersion for at least 2 minutes in a luke warm chlorine bath containing at least 50 parts per million of available chlorine. Note: Chlorine is not recommended for silverware. It is preferable to use either (1) or (2) above.

After disinfection, the utensils should be allowed to drain and dry in racks or baskets on non-absorbent surfaces. Drying cloths are not recommended. Dishes should be stored in closed cupboards for protection against dust, moisture, etc.

D. Milk Supply

There shall be a safe milk supply. Pasteurized milk shall be provided if available. Where pasteurized milk is not available, condensed, evaporated, or dried milk may be used. A leaflet, "Home Pasteurization of Milk," outlining a simple method for pasteurization of milk is obtainable on request from the Division of Child Hygiene, Minnesota Department of Health, University Campus, Minneapolis.

E. Ice

All ice used in contact with food or drink shall be from a satisfactory source, and handled and dispensed in a sanitary manner.

F. Handwashing Facilities for Food Handlers

There shall be handwashing facilities, with soap, running water, and an adequate supply of towels, in the kitchen, and in washrooms used by food handlers. Use of a common towel is prohibited.

V. ACCOMMODATIONS FOR PATIENTS

A. Rooms

1. **Location.**—Each patient's room shall be an outside room with a satisfactory amount of natural light.

Rooms extending below ground level shall not be used for patients unless they are dry, well ventilated, and otherwise suitable for occupancy.

2. **Floor Area.**—Rooms shall be of sufficient size to allow not less than 60 square feet of floor space per bed with at least 3 feet between beds.

3. **Window Area.**—Window area shall be not less than one-eighth of the floor area.

4. **Isolation Room.**—Each home shall be prepared to make available a room which can be used for isolation of a patient with communicable disease, or for seriously ill or terminal cases.

B. Furnishings

1. **Bed.**—A good bed must be provided for each patient. After discharge of any patient the bed and bed furnishings, bedside furniture, and equipment shall be thoroughly cleansed.

2. **Bedding.**—A sufficient supply of clean bedding and bed linen shall be kept on hand for use at all times.

3. **Storage Space.**—There shall be satisfactory storage space for clothing, toilet articles, and other personal belongings of patients.

4. **Signals.**—Means for signaling attendants must be provided at the bedside of patients confined to bed. Hand bells are acceptable.

VI. NURSING EQUIPMENT AND HANDLING OF MEDICATIONS

A. Provision for Cleansing and Storage

There shall be adequate space and facilities for the proper cleansing and storage of nursing supplies and equipment.

B. Equipment for Bedside Care

There shall be sufficient equipment for nursing care according to the type of patients accepted by the institution. The following is not a complete list of nursing equipment necessary or desirable for the care of patients; the aim, rather, has been to

include certain minimum essentials and point out special precautions which must be taken in their use.

1. **Linen.**—Individual towels, wash cloths, and bath blankets must be provided for each patient.

Bedpan covers must not be used interchangeably.

2. **Enamelware.**—There shall be a sufficient number of wash basins, mouth-wash cups, and bedpans, plainly marked, for the use of each individual patient, provided that where enamelware is disinfected or sterilized after each using, it need not be kept individual.

3. **Thermometers.** — There shall be a sufficient number of thermometers to permit adequate disinfection before using.

4. **Hot Water Bags.**—Hot water bags must be covered before placing in beds. The greatest care must be exercised in their use to see that water is not too hot and bags are not leaking. If heating pads are used, they should be checked periodically by a qualified electrician.

5. **Restraints.**—Restraints may be applied only when they are necessary to prevent injury to the patient or to others, and should be used only when alternative measures are not sufficient to accomplish these purposes. In many instances, sideboards on the bed will be found adequate. In applying restraints, the following regulations must be complied with:

- a. No patient shall be restrained except on written order of a physician; provided that if a patient becomes suddenly disturbed so that he becomes a menace to himself or others, restraint may be applied by the person in charge, but the physician's order should be obtained at the earliest possible opportunity.
- b. No patient may be restrained unless there is an attendant constantly on duty.
- c. No form of restraint may be used or applied in such manner as to cause injury to the patient.
- d. Careful consideration should be given to the methods by which the restraint can be removed speedily in case of fire or other emergency.

No patient shall be locked in his room without special permission from the physician. If for any reason, it is necessary to lock a patient in his room, the key must remain in the lock, or the door closed by a hook which can be readily unfastened by an attendant in emergency.

C. First Aid

Equipment and supplies for first aid must be readily available at all times.

D. Storage of Medicines

1. All medicines, poisons, and stimulants shall be plainly labeled and stored in a specially designated medicine cabinet, closet, or storeroom accessible only to the attendants on duty. The cabinet for drugs must be well illuminated.

2. Narcotics must be securely locked and accessible only to the person in charge.

3. Old medications should be discarded, including special prescriptions for patients who have left the nursing home.

VII. PERSONNEL

A. Medical Attendance

1. All nursing homes covered by these standards shall arrange for one or more duly licensed practitioners of the healing arts to be called in emergency.

2. All persons admitted for care and treatment to any nursing home covered by these standards must be under the care of a person duly licensed to practice the healing arts in Minnesota and on or before admission be examined and a diagnosis entered in the admission records. The physician's name and telephone number shall be a matter of record in the nursing home.

3. No medication or treatment shall be given in nursing homes covered by these standards except on the order of one lawfully authorized to give such order.

B. Nursing Service

1. **Nurse in Charge.**—There should be one person who is definitely in charge of the nursing service of the home. She may be either a registered or a graduate nurse, or a practical nurse having sufficient experience to qualify her for responsibility for the care of the patients in the institution.

2. **Nursing Personnel.**—Sufficient personnel should be employed to give adequate care to patients. In employing nursing personnel, careful inquiry should be made as to training, previous experience, and other qualifications for the position, and this information made a matter of record. A supply of "Application for Nursing Employment" forms may be obtained on request from the Division of Child Hygiene, Minnesota Department of Health, University Campus, Minneapolis.

VIII. REPORTS AND RECORDS

A. Reports to State and Local Health Departments

1. **Monthly Reports.**—A complete list of all deaths occurring within a given month in institutions licensed under the hospital licensing law must be reported on special blanks provided for the purpose to the Division of Birth and Death Records and Vital Statistics, Minnesota Department of Health, State Office Building, St. Paul, within the first 10 days of the following month. (Note: Provided that in Minneapolis and St. Paul such reports must be sent to the respective local health departments instead of to the State Department of Health.)

2. **Communicable Disease Reports.**—The person in charge of the nursing home must report each case of communicable disease, except venereal disease, to the local health officer within twenty-four hours after the disease is discovered. Reporting postcards furnished by the Division of Preventable Diseases, Minnesota Department of Health, may be used and shall be signed by the physician who diagnoses the case. Reports of syphilis or gonorrhea, on special forms provided for that purpose, shall be sent direct to the Division of Preventable Diseases, Minnesota Department of Health, University Campus, Minneapolis.

B. Nursing Home Records

1. **Admission Records.**—Admission records must be kept as prescribed by the Minnesota Department of Health in accordance with the provisions of Section 144.23, Minnesota Statutes of 1941. The law prohibits the destruction of such records.

2. **Death Records.**—In accordance with the provisions of Section 144.23, Minnesota Statutes of 1941, a register of deaths must be kept as prescribed by the Minnesota Department of Health.

3. **Nursing Records.**—Nursing records should be kept on all acutely ill cases or when a physician is in regular attendance.

4. **Physicians' Orders.**—All orders of physicians should be written in ink or indelible pencil, and signed by the physician in charge. Such orders shall be preserved on the patient's chart or in the established record of such orders.

FIRE PROTECTION STANDARDS

HOSPITALS, UNMARRIED MOTHER HOMES, HOMES FOR AGED

Introductory:

Fire protection shall be according to the requirements of the State Fire Marshal and the local fire departments where such departments have established requirements. Under a policy of the State Board of Health, approval by the State Fire Marshal of the fire protection of an institution is a prerequisite for licensure. The following regulations have been promulgated by the State Fire Marshal for the guidance of institutions licensed under the hospital licensing law.

I. SUBMISSION OF PLANS

Plans and specifications covering the construction of new buildings, additions to existing buildings, or material alterations to existing buildings, including fire escapes, shall be submitted to the State Fire Marshal for review with respect to compliance with fire protection standards. These plans should show the general arrangement of the building, including the intended purpose of each room, together with such additional information as the State Fire Marshal shall require. In order to avoid unnecessary expense due to changing final plans it is suggested that proposed plans in preliminary or sketch form be reviewed with the State Fire Marshal. All construction shall take place in accordance with the approved completed plans.

II. PREVENTION OF FIRE, SMOKE, AND GASES

1. Construction of Buildings.—Every effort shall be made to eliminate fire hazards in connection with the building by complying with the requirements set forth in the following sections relating to construction, wiring, and heating plant.

2. Furnace and Boiler Rooms.—If the furnace or boiler room is located in the hospital building, it should be cut off from the upper story and building area on the same floor by fire-resistive construction, with all doorways leading to and from the furnace or boiler room constructed of fire-resistive material. In new buildings, furnace or boiler room should be constructed of fire-proof material. Openings in the walls should be restricted to those necessary for the passage of pipes or ducts, and such openings should be adequately protected to prevent spread of fire.

3. Heating System.—All parts of the heating system shall be constructed and maintained so as to eliminate fire hazards. Metal and asbestos protection must be provided for all steam

pipes and hot water pipes when placed nearer than two inches from woodwork.

4. Chimneys and Stove Pipes.—Chimneys and stove pipes must be thoroughly cleaned once a year. When stove pipes pass through closets or concealed places, pipes must be protected by a metal shield. All joints must be riveted and properly supported.

5. Dampers on Ventilating System.—Dampers should be installed on all ventilating systems. Dampers should be constructed with fusible links.

6. Oil and Gas Heaters.—No oil or gas heater shall be used in a room unless it is directly connected with a flue which opens to the outside air. All gas connections shall be of metal. Rubber tubing as a connection for gas burners is prohibited.

7. Dumb-Waiters, Shafts.—Laundry chutes and dumb-waiter shafts shall be lined with fire-proof material and have close-fitting doors also lined with fire-proof material. Shafts shall not terminate in an attic.

8. Elevators.—Elevator shafts shall be enclosed with fire-proof material. There shall be no open grillwork in new construction.

9. Wiring.—All electrical work shall comply with the National Electrical Code and Standards of the National Board of Fire Underwriters.

10. Storerooms.—Storerooms, basement, attic, lockers, and closets should not be littered with empty boxes, papers, accumulation of old cloths and other combustible material. All non-usable mattresses should be destroyed; and stored mattresses should be arranged in small piles with sufficient space for access to all sides of mattress pile.

11. Storage of Paints, Etc.—Metal cabinets, well ventilated at top and bottom, should be furnished for storage of paints, varnishes, oils, etc. Such storage should be away from stoves, furnaces, boilers, steampipes, etc.

12. Handling of Combustible Material.—All due precautions must be taken in handling anesthetics, gasoline, oils, paints, and varnishes. Cloths and waste used for polishing floors and furniture shall be disposed of so as not to create a fire hazard.

13. Storage of X-ray Film.—The storage and handling of X-ray film shall be in accordance with the regulations of the National Board of Fire Underwriters. The present regulations exclude quantity storage of nitrocellulose film inside hospital buildings.

III. FIRE-FIGHTING APPARATUS

1. **Hand Fire Extinguishers to Be Provided.**—For each 2500 square feet of area or fractional part thereof, there shall be provided an efficient 2½ gallon approved fire extinguisher, or two 1½ gallon approved fire extinguishers, conveniently located in a public hallway. Extinguishers should be hung or placed on wall at a height convenient for ready access and use. Fire extinguishers of the soda-acid and foam type should be recharged once each year, and must bear the date of last recharging.

Each operating room and X-ray room area should be provided with a carbon dioxide hand-type extinguisher of at least 1½ quart size.

2. **Fire Hose and Standpipes.**—All fire hose couplings shall conform to the size, thread, and pattern adapted to the standpipe installed.

Inside standpipes must have a sufficient length of hose attached thereto on each and every floor to throw a stream of water to every part of the floor.

Standpipe hose should be unlined.

Outside standpipe thread should conform to thread of hose connections for the local fire department.

IV. EGRESS FROM BUILDING

1. **Means of Egress.**—There shall be more than one means of egress leading to the outside of the building from each floor. Egresses are to be located as near to opposite ends of building as practical.

Any building housing patients or employees three stories or more above the ground must have emergency exits of fireproof construction from such floors. A basement shall be considered a story if its ceiling is six feet or more above the curb level, or above the highest level of the adjoining ground.

2. **Exit Doors and Doors to Fire Escapes.**—All exit doors shall open outward. Doors to fire exits shall open from the hall and swing in the direction of exit travel, but shall not obstruct the fire exit. Panic bars on fire exit doors are recommended. All windows and doors below fire exits and opening onto fire exits shall have wired glass of type approved by the National Board of Underwriters.

3. **Stairs on Fire Exits.**—All stairs on fire exits must reach the ground. Extension to the roof of the building can be of steel ladder type, properly anchored.

4. **Handrails.**—Handrails must be provided.

5. **Exit Signs.**—In all institutions and on all floors above the first there must be placed signs showing the location of the fire exits. The letters of such signs shall be at least six inches in height.

6. **Exit Lights.**—There shall be kept burning at all times between the hours of sunset and sunrise, on each floor, a red light above each and every door to a fire exit. Red lights shall not be used as signal lights above patients' doors.

V. FIRE ALARM

1. **Provision for Notifying Local Fire Department.**—There shall be provision for notifying the local fire department immediately in case of fire, either by direct alarm or by telephone.

2. **Summoning of Employees.** — Arrangements should be made to summon employees promptly in the event of fire or other emergency.

VI. INSTRUCTION TO EMPLOYEES

1. **Employees to Be Instructed.**—All employees shall be instructed in the fire-prevention facilities of the institution, in the use of fire-fighting apparatus, and in methods of removal of patients from the building.

2. **Instruction by Fire Marshal.**—On request, the State Fire Marshal will arrange for instruction of groups of employees or students in nursing schools in the use of fire-fighting apparatus and removal of patients from buildings.

FIRE PROTECTION STANDARDS

MATERNITY HOMES AND NURSING HOMES

Introductory:

Fire protection shall be according to the requirements of the State Fire Marshal and the local fire departments where such departments have established requirements. Under a policy of the State Board of Health, approval by the State Fire Marshal of the fire protection of an institution is a prerequisite for licensure. The following regulations have been promulgated by the State Fire Marshal for the guidance of maternity homes and nursing homes licensed under the hospital licensing law and conducted in buildings of family dwelling type.

I. SUBMISSION OF PLANS TO STATE FIRE MARSHAL

Plans and specifications covering the construction of new buildings, additions to existing buildings, or material alterations to existing buildings, including fire escapes, shall be submitted to the State Fire Marshal for review with respect to compliance with fire protection standards.

II. PREVENTION OF FIRE

1. **Construction of Buildings.**—Every effort shall be made to eliminate fire hazards in connection with the building by complying with the requirements set forth in the following sections relating to construction, wiring, and heating plant.

2. **Heating System.**—All parts of the heating system shall be constructed and maintained so as to eliminate fire hazards. Metal and asbestos protection must be provided for all steam pipes and hot water pipes when placed nearer than two inches from woodwork.

3. **Chimneys and Stove Pipes.**—Chimneys and stove pipes must be thoroughly cleaned once a year. Where stove pipes pass through closets or concealed places, pipes must be protected by a metal shield. All joints must be riveted and properly supported.

4. **Oil and Gas Heaters.**—No oil or gas heater shall be used in a room unless it is directly connected with a flue which opens to the outside air. All gas connections shall be of metal. Rubber tubing as a connection for gas burners is prohibited.

5. **Laundry Chutes and Shafts.**—Laundry chutes and shafts shall be lined with fire-proof material and have close-fitting doors also lined with fire-proof material. Shafts shall not terminate in an attic.

6. **Wiring.** — All electrical work shall comply with the National Electrical Code and Standards of the National Board of Fire Underwriters.

7. **Storerooms.** — Storerooms, basement, attic, lockers, and closets should not be littered with empty boxes, papers, accumulation of old cloths and other combustible material. Non-usable mattresses should be destroyed; and stored mattresses should be arranged in small piles with sufficient space for access to all sides of mattress pile.

8. **Storage of Paints, Etc.** — Metal cabinets, well ventilated at top and bottom, should be furnished for storage of paints, varnishes, oils, etc. Such storage should be away from stoves, furnaces, boilers, steampipes, etc.

9. **Handling of Combustible Material.** — All due precautions must be taken in handling gasoline, oils, paints, and varnishes. Cloths and waste used for polishing floors and furniture shall be disposed of so as not to create a fire hazard.

III. FIRE-FIGHTING APPARATUS

1. **Fire Extinguishers.** — There must be an approved fire extinguisher available for use on each floor including basement. Types and location of fire extinguishers will be recommended by the Fire Marshal at the time of inspection.

IV. EGRESS FROM BUILDING

1. **Exits.** — There shall be more than one means of egress leading to the outside of the building from each floor. Egresses are to be located as near to opposite ends of building as practical.

2. **Handrails.** — Handrails must be provided.

3. **Exit Doors.** — All exit doors shall open outward. Since the situation under this heading varies in almost every home, discretionary recommendations will be made by the inspecting officer.

SPECIAL LAWS AND REGULATIONS

LAW RELATING TO ADMISSION AND DEATH RECORDS IN INSTITUTIONS AND MONTHLY REPORTS OF BIRTHS AND DEATHS

(Section 144.23, Minnesota Statutes of 1941)

Section 144.23.—Personal and Statistical Records of Inmates of Institutions. All superintendents, managers, or persons in charge of lying-in or other hospitals, almshouses, charitable or other institutions, public or private, to which persons resort for confinement, treatment of disease, care, or are committed by process of law, shall at once make and preserve a record of all the personal and statistical particulars relative to the inmates now in, or hereafter admitted to, their institutions, that are required to be stated in the certificate of birth and death provided for by sections 144.15 to 144.28 (Minnesota Statutes of 1941) and, on or before the tenth of each month, shall file with the board (State Board of Health), on a blank provided by the board for the purpose, a report of all births and deaths, or still-births, occurring in such institution during the previous month. If admitted for medical treatment of disease, the physician in charge shall specify in the record the nature of the disease and where it was contracted.

OPHTHALMIA NEONATORUM REGULATIONS

Reg. 1000. Definition.—Any condition of the eye or eyes of an infant, independent of the nature of the infection, in which there is any inflammation, swelling, or redness in either one or both eyes of any such infant, either apart from, or together with, any unnatural discharge from the eye or eyes of any such infant within two weeks of the birth of such infant, shall be known as ophthalmia neonatorum.

Treatment of Eyes

Reg. 1001. Duties of Physicians, Midwives and Others.—It shall be the duty of any physician or midwife in attendance on, or in charge of, a confinement case to treat the eyes of every newborn babe with a 1 per cent solution of silver nitrate.

Reg. 1002. It shall be the duty of any midwife immediately to call a licensed physician in every case in which symptoms of inflammation develop in one or both eyes of infants under her care.

Reg. 1003. It shall be the duty of any physician, surgeon, obstetrician, midwife, nurse, maternity home, or hospital of any nature, parent, relative, and any person or persons attendant on, or assisting in any way whatsoever, any woman at childbirth, or attendant on, or assisting in any way whatsoever any infant, or the mother of any infant, at any time within two weeks after childbirth, knowing the condition hereinabove defined to exist, and within eight hours thereafter, to report such fact, as the State Board of Health shall direct, to the local health officer of the city, village or township within which the infant is cared for.

Reg. 1004. Duties of Maternity Homes, Physicians, Etc.—It shall be the duty of all maternity homes and of hospitals, public and charitable institutions to maintain such records of cases of ophthalmia neonatorum as the State Board of Health shall direct. It shall be the duty of any and all maternity homes, hospitals, public and charitable institutions, and all other institutions having the care of any infant, in addition to reporting as hereinbefore provided, to employ a licensed physician in the treatment of the conditions described in regulation 1000.

RULES FOR VISITORS*
TO
MATERNITY DEPARTMENTS OF HOSPITALS

For the protection of mothers and newborn infants, the State Board of Health requests every institution receiving a maternity hospital license to observe the following rules and regulations:

1. The number of visitors to a maternity patient should not exceed two, exclusive of the husband, at any one time.
2. Visitors known to have an existing or recent communicable infection, as well as those having contact with such infection, shall be excluded.
3. Visitors must not sit on beds or place articles of clothing on the beds of maternity patients.
4. Children are not permitted to visit in the maternity department of a hospital.
5. Visitors may not enter the nursery or have direct contact with infants. Whenever babies are shown to visitors, there must be complete separation, by a glass window, of babies from visitors. No visitors should be allowed in the mother's room during nursing hours.

A. J. CHESLEY, M. D.
Secretary and Executive Officer
State Board of Health

*On request to the Division of Child Hygiene, Minnesota Department of Health, University Campus, Minneapolis, any licensed maternity hospital or maternity home may obtain copies of the above regulations in placard form for posting.

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